



COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE

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# ANNUAL REPORTS

*of the*

COUNTY MEDICAL OFFICER

*and the*

PRINCIPAL SCHOOL MEDICAL  
OFFICER

*for the Year*

1973

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(as at 30.9.73)

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(1 vacancy)

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(as at 30.9.73)

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(1 vacancy)

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F.R.C.P., F.R.A.C.P.

Ross-Gardner, Mrs. E.  
Smith, H.  
Taylor, Prof. A. J.  
Warren, R. A. D., B.A.



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## INTRODUCTION

The contents of Local Health Departments' Annual Reports have served a useful purpose in a number of respects. They have been a useful check on a Department's activities; they have included reasonably comparable statistics year by year which have helped to determine trends; they have acted as a document for reference purposes and, important though all these matters are, they have served an even more useful purpose of allowing an expression of views on current health problems and suggestions as to how they may be solved. They have acted truly as an annual stock-taking effort. It is not yet clear how, if at all, such purposes will be furthered in the future.

This is the last Annual Report from the West Riding County Health Department but in order that there should be no loss of continuity an effort is being made to ensure its publication before the final demise of the authority. As far as statistical matters are concerned it can be taken that the figures given for the first nine months of the year are correct, but owing to the time factor imposed upon us by Health and Local Government reorganisation the last three months are estimated figures only. It is, however, intended to correct these estimated figures at a later date and through the courtesy of the officers of the new Wakefield Area Health Authority these corrections will be circulated in due course. Again, because of the restricted time schedule of reorganisation and the pre-occupation of the staff with matters appertaining to this, the report for 1973 will be somewhat shorter than is customary.

During the 85 years of the existence of the West Riding County Council the changes in administration and practice of preventive medicine have been tremendous. It would have been impossible to refer to them adequately in a final report such as this. However, it may be remembered that I have referred in previous reports to the effort being made to ensure that the activities of the West Riding Health Department over this period should not be lost sight of and consequently it will be found that currently with the publication of this report there will be published also at approximately the same time a concise narrative history of the Department's work written by Mrs. B. M. Barrows, B.A., D.M.A., an administrator in this department. The writing of the history is not intended to finally close an episode, it is largely to record what has been achieved and how it was achieved, but it will also indicate how necessary it will be for much of the current work to continue and for some of the ideas in the developmental stage to be pursued.

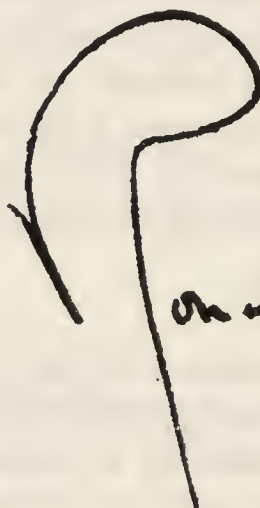
In some respects this Annual Report for 1973 also indicates some of the developing points which need to be nurtured in the future even though it is, in itself, a final report. I would refer for example to the special reviews at the beginning of the report, each one of which deals with a subject which is still in an active developing stage, and it will be necessary for the new health authorities to ensure that the new system does not in any way subdue the energy which has gone into the promotion of these ideas.

It is particularly necessary to emphasise these points because unlike practically any other existing health authority in the country the West Riding Health Department will have no single natural successor to undertake these responsibilities; it will be divided into 14 different parts.

However optimistically one may look to the future the task of completing the run down of the Department cannot be other than a sad one. Very many people in the course of its history have served the Department well. To those who have been involved latterly in the final stages I would like to offer my deeply sincere thanks for their efforts which have been made doubly difficult by a natural anxiety as to their own future employment. They have done a wonderful task and I am sure their efforts will not have been in vain. May I wish them all, wherever they may go, the best of good fortune and success in their future endeavours. To colleagues in other departments of the County Council and to all Members of the Authority I also offer my thanks and good wishes for the future and would like them to know that their support has always been welcomed and appreciated.

Health Department,  
Wood Street,  
Wakefield WF1 2HN

January, 1974

 W. Ellis  
County Medical Officer



## **SPECIAL REVIEWS**

**Family Doctors and the County Health Department**

**The Development of Training within the West Riding  
County Ambulance Service**

**Family Planning Services and the Local Authority**

**The Incidence of Spina Bifida in the  
West Riding Administrative Area**

**Children with Educational and Related Difficulties in  
the Primary Schools: A Report of a Screening  
Procedure with Children of Top Infant Age**



# FAMILY DOCTORS AND THE COUNTY HEALTH DEPARTMENT

*Beverley M. Barrows, Administrative Officer*

On establishing a tripartite system of medical administration the *National Health Service Act* created major problems of communication. This was recognized from the very beginning but, in the years immediately following the implementation of the Act, concentration tended to be placed on establishing viable links with the hospital services. Generally these took the form of appointing liaison health visitors to specific hospitals to deal with all matters of co-operation between the local health services and the hospital in question. This approach was particularly appropriate for dealing with diabetic, geriatric and maternity patients where it was especially important to ensure that there were no gaps between hospital treatment and domiciliary care.

In the immediate post-war period, no formal links were established between the Health Department and the general practitioner services and, in fact, the first real break-through in this field came in November, 1953, when Dame Edith Russell-Smith, Under Secretary to the Minister of Health, addressed a Joint Meeting of the Executive Councils of the West Riding of Yorkshire. The Under Secretary indicated that the efficiency of the health services could only be improved by increased co-operation between the three branches. Stress was placed on the need to relieve the burden on the hospital service by developing community health teams "under the clinical leadership of the family practitioner."<sup>1</sup>

As a result of Dame Edith Russell-Smith's address a meeting was organised in March, 1954, to enable representatives of the County Medical Officer's Department and of the West Riding Executive Council to discuss the possibility of developing co-ordination between their respective organisations. This led to a much fuller meeting between the medical members of the Executive Council and the County Medical Officer and members of his staff. The subjects discussed at this meeting held on 1st July, 1954, included the co-ordination of all medical and ancillary staff in the domiciliary field, and the attachment of staff to practices, a forerunner of the developments of the next 20 years. One of the chief complaints made at this meeting was that general practitioners were not given information about local health visitors and did not know where to contact them. It was as a direct result of discussions arising from this that in July, 1954, the County Council agreed that telephones should be installed at health visitors' homes.

The inauguration of formal ties between the local authority and general practitioner services was not without difficulties but, gradually, suspicions were erased and replaced by mutual trust. Thus, at a second meeting in March, 1955, a small Standing Sub-Committee on Co-operation was established and this committee was to meet regularly, at approximately four-monthly intervals and this it has done since its inception. The ground-work achieved by the Committee did much to make possible more formal schemes such as the attachment of



staff and joint accommodation in health centres but was also responsible for preventing misunderstandings over a very wide field. In fact in his Annual Report for 1972 Dr. Elliott paid tribute to the work of the committee which he felt was "the basis of much of the progress of community medicine in the West Riding."<sup>2</sup>

The two specimen agenda reproduced below give some indication of the scope of the Committee's work:

#### January, 1964

1. Use of Worsbrough clinic by general practitioner for child welfare clinic for his own patients.
2. Immunisation procedures by health visitors.
3. Telephone directory entries.
4. Survey of childhood cancer—whereabouts of untreated live cases.
5. Communications with general practitioners.
6. Co-operation with general practitioners concerning surgery premises.
7. Congenital abnormalities register.
8. Maternity services.

#### April, 1971

1. Family planning.
2. Local Government Reorganisation.
3. Transfer of functions to Education and Social Services Departments.
4. V.D. contact tracing.
5. Sale of Welfare Foods in clinics.
6. Cervical cytology.
7. Developmental pædiatrics.

The next significant development in the sphere of general practitioner co-operation in the West Riding was the building of the County Council's first health centre under Section 21 of the *National Health Service Act*. This development was initiated in 1958 when Divisional Medical Officers were asked to consider the feasibility of a health centre project in their area. Subsequently, in November, 1958, eight general practitioners practising in the Cleckheaton area expressed an interest in working from a health centre and as the County Council's Divisional Health Office and clinic were considered to be inadequate it was decided that this area should have the County Council's first health centre. A working party composed of representatives of the County Medical Officer, the Executive Council and the Cleckheaton doctors was set up to guide the project through its various phases. Basically, the health centre was designed with four blocks providing separate and exclusive accommodation for general practitioners, the district council's public health inspectors, the divisional health office



and the local health authority's clinic. In this the Cleckheaton Health Centre was unique within the West Riding for it was later decided that as general practitioners' surgeries and local health authority activities were usually held at different times of the day accommodation could be shared. This obviously reduced the building costs of health centres and at the same time presented more opportunities for the development of effective liaison and co-operation.

Cleckheaton Health Centre was completed in 1964 by which time trends, both national and local, had crystallized to make co-operation with general practitioners and the provision of health centres matters of immediate concern. In 1962, the Medical Services Review Committee published the Porritt Report which favoured the establishment of unity in health centres and, in 1963, this was followed by the Standing Medical Advisory Sub-Committee's Report *The Field of Work of the Family Doctor* (the Gillie Report) which again stressed the need for co-operation between the general practitioner services and the local health authority.

Another factor was the Ministry of Health's Ten Year Plan for the Development of the Hospital Service which stressed that general practitioners and supportive local authority staff could enhance the effectiveness of and relieve the pressure on hospitals. Consequently, local authorities were asked to prepare their own Ten Year Plans detailing the proposed development of health and welfare facilities during the period 1962 to 1972. At local level, the West Riding's Ten Year Plan fully accepted the basic premise that complete co-operation between local health authorities and general practitioners was necessary:

“For a fully-developed community health service, it is necessary not only to consider the relationship with the hospitals but also the common field of activities with the general practitioners and voluntary bodies.”<sup>3</sup>

The document pointed out that the County Council's first health centre was planned and that clinics were being made available for surgery purposes to general practitioners, and that these were in effect 'embryo health centres.' The development of less complex units to serve the needs of general practitioners and the local health authority in rural areas was also envisaged.

The ideas implicit in the Authority's Ten Year Plan bore fruit in 1964 when the Health Committee approved a Report detailing the Department's plans for future developments in the Health Services with particular reference to co-operation with general practitioners. This was to be achieved in three ways: by the provision of surgery accommodation, by offering general practitioners the use of local authority premises for their own infant welfare and antenatal sessions and by the attachment of staff. This document became known as the 'Grey Book'. Its significance lies in the fact that this was a policy document agreed by the West Riding County Council and the Executive Council. It was circulated to all general practitioners in the West Riding and also made a considerable impact in the country as a whole, some 4,000 reprints being distributed, including copies to all Executive Councils in the country at the request of the Executive Councils' Association (England).



Shortly afterwards, in January, 1965, the first edition of *Health Notes* appeared and this publication was to do much to further the idea of co-operation. The provision of surgery accommodation for general practitioners had three features, the adaptation of existing premises, the building of new clinics and the provision of formal health centres such as that at Cleckheaton. All three of these features have been illustrated in detail elsewhere and it is perhaps sufficient here to reiterate the main points.

The accommodation of general practitioners in existing buildings was obviously the most economic method of establishing this form of co-operation and also the most simple, administratively, because individual schemes did not have to be submitted to the Ministry of Health, and tenancy agreements could be made with individual doctors rather than with the Executive Council. That the West Riding's clinics were available for and attractive to general practitioners was in itself a tribute to the Authority's post-war building programme for between 1955 and 1965 some 51 clinics were provided. At the present time 26 of these are providing main surgery accommodation for 28 practices (64 doctors) and 13 branch surgery accommodation for 17 practices (41 doctors). Some clinics proved suitable for this form of usage with little or no structural alteration but others underwent varying degrees of adaptation. In most cases this was financed from revenue and the designation of the buildings was unchanged but the adaptations at six clinics—Goole, Kiveton Park, Mexborough, Stocksbridge, Uppermill and Woodlands—involved the reclassification of the buildings as health centres.

In the 1960s the West Riding also provided two new types of clinic—the Mini clinic and the E-type clinic. Of these the Mini clinic was the more revolutionary concept being designed to serve areas with populations of between 1,000 and 5,000 which had previously been considered too sparsely populated to justify a clinic. In most cases, the provision of a Mini clinic was made economically feasible by the sharing of the accommodation with general practitioners and, in many areas, the Mini clinic was the effective focus of local medicine and, in fact if not in name, a health centre.

The accommodation provided in Mini clinics consisted of a fairly large room, which could be used for clinic purposes or for a waiting area for the general practitioners' patients, and a consulting room. The E-type clinic was rather more lavish in its provision and, in addition to the main clinic/waiting area, had three consulting rooms, three examination rooms, a health visitors' room, and a records and reception area. The E-type clinic was in fact an adaptation of the basic D-type clinic design and the incorporation of additional consulting rooms and examination rooms is indicative of the new thinking within the health services.

Kiveton Park, the first E-type clinic, was completed in October, 1965, and others quickly followed at Ackworth, Hipperholme, Swillington and Uppermill. In 1967, however, the Ministry of Health ruled that all new buildings which included provision for general practitioners' surgeries had to be classed as health centres, and proposals under Section 21 of the *National Health Service*



*Act*, submitted to the Ministry in respect of each scheme. All subsequent E-type buildings were classed as health centres but Mini clinics continued to be regarded as clinics because they were financed from the Authority's revenue account.

Year of Completion	Type of Clinic/Health Centre	Location	Type of G.P. Surgery	No. of Practices	No. of G.P's	Comments
1964	Special	Cleckheaton	Main	3	7	Included nurse's flat
1965	Mini	Southowram	Branch	3	8	
1965	Mini	Cottingley	Branch	3	8	
1965	Mini	Kirkheaton	—	—	—	Later adapted to form Health Centre
1966	E-type	Kiveton Park	Main	1	4	
1966	E-type	Ackworth	Main	1	3	
1966	E-type	Hipperholme	—	—	—	Later adapted to form Health Centre
1966	Mini	Lofthouse	—	—	—	
1966	Mini	Linthwaite	—	—	—	
1967	E-type	Swillington	Main	1	2	
1967	E-type	Uppermill	Main	1	5	
1967	E-type	Middlestown	Main	1	2	
1967	Mini	Crofton	Branch	1	3	
1967	Mini	Denholme	Branch	1	3	
1967	Mini	Emley	Branch	2	5	
1967	Mini	Sherburn	—	—	—	
1967	Mini	Delph	Branch	2	8	Adapted from D-type Clinic
1967	Mini	Cullingworth	Branch	1	3	
1968	Special	Ilkley	Main	5	6	
1968	E-type	Pateley Bridge	Main	1	4	
1968	E-type	Knottingley	—	—	—	
1968	E-type	Boroughbridge	Main	1	4	
1968	Mini	Sharlston	—	—	—	
1968	Mini	Marsden	Branch	1	1	
1969	Special	Holmfirth	Main	3	7	
1969	Special	Ecclesfield	Main	1	4	
1969	Special	Stocksbridge	Main	1	4	Adapted
1969	E-type	Birkenshaw	Branch	2	6	
1969	E-type	Bramhope	Branch	1	6	
1969	E-type	Mytholmroyd	Branch	1	6	
1969	Mini	Altofts	—	—	—	
1969	Mini	Great Houghton	Branch	1	2	
1969	Mini	Moorends	—	—	—	
1970	Special	Harrogate	Main	4	6	
1970	Special	Ardsley	Branch	2	7	
1970	Special	Woodlands	Main	2	4	
1970	Special	Woodlands	Main	1	4	Adapted from B-type Clinic
1970	Special	Woodlands	Branch	1	2	
1970	E-type	Crosshills	Main	1	2	
1970	Mini	Bishopthorpe	—	—	—	
1970	Mini	Copmanthorpe	—	—	—	
1970	Mini	Stanley	—	—	—	
1970	Mini	Walton	Branch	4	10	
1971	Special	Castleford	Main	4	13	
1971	Special	Wetherby	Main	1	7	
1971	Special	Mexborough	Main	4	12	
1971	E-type	Stannington	Branch	3	10	Adapted
1971	E-type	Brampton Bierlow	Main	2	4	
1971	E-type	Kinsley	Branch	1	4	
1972	Special	Goole	Main	3	6	
1972	Special	Swinton	Main	1	5	
1972	F-type	Poppleton	Main	1	4	
1972	F-type	Featherstone	Branch	1	2	
1972	F-type	Wilsden	Main	1	3	
1972	F-type	Mirfield	Main	1	3	
1972	F-type	Bentham	Main	1	4	
1972	Mini	Eldwick	Branch	1	3	
1972	Mk.II	Todwick	—	—	—	
1972	Mini Mk.II	Todwick	—	—	—	



After the re-designation of the E-type clinic as a health centre the West Riding's building programme progressed fairly smoothly but, in 1970, in the light of experience gained, both the E-type health centre and the Mini clinic were redesigned to incorporate a treatment room. This had long been a successful feature of the larger individually-designed health centres which, throughout this period, were provided in areas where there was a population in excess of 10,000 or where a large number of general practitioners required surgery accommodation. At the present time some 13 'Special' health centres have been completed as well as 21 E-type and F-type (the successor to the E-type) buildings and 22 Mini clinics details of which have been given on the previous page.

In considering the success of the West Riding's health centre programme, reference must be made to the County Council's system of a standard rental whereby each general practitioner using local authority premises paid a fixed annual sum in respect of each hour's weekly usage. This concept was evolved to meet the difficulties which arose when each general practitioner's rent was calculated individually in relation to the building and maintenance costs of the particular clinic or health centre he was using. This would have led to a wide discrepancy in rents—an unfair situation when one remembers that each general practitioner was using accommodation for the same purpose—and also meant that when a doctor approached the West Riding about the possibility of surgery accommodation it was impossible to give him a definite idea about the financial liability he would be undertaking. This latter consideration did not apply from 1967 when general practitioners could be re-imbursed the cost of rent and rates of surgery accommodation. In 1964, therefore, the Health Committee agreed that a standard rental should be introduced. This was calculated in relation to typical building and maintenance costs and from 1st January, 1965, was £15 per year in respect of each hour's weekly usage of one consulting room. The standard rental was increased to £16 with effect from 1st April, 1968, and £20 with effect from 1st January, 1972. It was possible to maintain rentals at this relatively low level because all accommodation in West Riding premises was regarded as being 'shared' and therefore available for use by the authority outside the general practitioner's surgery times.

The trend for general practitioners to hold their surgeries in health centres and clinics was a reflection of the general concept that the general practitioner had a definite role to play in community medicine. The development of shared accommodation naturally led to an increase in the contact between general practitioners and local health authority staff working in the same building but the ties between the two were also strengthened by the inauguration of formal attachment schemes whereby a nurse undertook the care of all persons on a particular doctor's list rather than in a specific geographical area. Generally speaking, the attachment of health visitors began first because the very nature of the home nurse's work meant that informal contact had already developed whilst the attachment of midwives was not as viable because of the decreasing number of domiciliary confinements. The main effect of the attachment of health visiting staff, as revealed by a survey conducted in November, 1966, was to



increase the number of consultations and meetings between doctors and nursing staff. Another effect was that the health visitor tended to spend more time in clinics or surgeries and less in home visits. The main features of the development of attachment within the County are detailed below:

Year	Attachment of Staff								
	Health Visitors			Home Nurses			Midwives		
	No. of Staff	No. of Practices	No. of G.P's	No. of Staff	No. of Practices	No. of G.P's	No. of Staff	No. of Practices	No. of G.P's
1964	68	88	185	33	51	110	27	38	70
1965	128	163	355	47	71	156	43	47	106
1966	140	169	377	70	99	233	45	51	119
1967	153	202	416	115	165	358	49	54	119
1968	209	251	514	196	249	541	49	63	153
1969	205	259	550	214	263	598	49	64	148
1970	216	241	549	215	266	601	52	72	168
1971	215	248	554	247	296	660	46	64	151
1972	254	281	644	250	295	699	51	72	184
1973	272	291	695	274	303	712	52	75	187

The findings of this survey in relation to the proportion of health visitors' time which was spent in clinics is a reflection not only of attachment but also of the increasing involvement of general practitioners in such traditional activities of the local health authority as infant welfare clinics and antenatal sessions. This involvement had been outlined in the 'Grey Book', but had precedents before 1964. Thus, certain general practitioners had always been employed on a sessional basis at infant welfare clinics and after 1948, when it became possible for a general practitioner to offer free medical care to the whole family, general practitioners had become increasingly involved in the antenatal care of their patients. The period since 1964 has, however, seen an intensification of these trends partly as a result of the general atmosphere of co-operation, but also as a conscious attempt to involve the general practitioner in the routine care of the expectant mother and the pre-school child so as to release the trained public health doctor for more specialised tasks.

In specific terms, the steps taken by the West Riding were, wherever possible, to increase general practitioner participation in the authority's own antenatal and infant welfare clinics and to make premises available free of charge to those general practitioners who wished to hold clinics for their own patients with the participation of the local authority's nursing staff. Thus, between 1963 and 1972 the proportion of local authority infant welfare sessions which were attended by general practitioners increased from 43 per cent. to 61 per cent. even though there was an overall decrease in the total number of sessions held. Similarly, the proportion of antenatal sessions attended by general practitioners increased from 39 per cent. to 51 per cent. The success of the Authority's policy in making rent-free premises available is illustrated opposite.

Another fruitful co-operative effort between the family doctors and the health department has been in the use of computers for the routine immunisation and vaccination of infants.



Year	Use of West Riding premises for G.P's antenatal sessions		Use of West Riding premises for G.P's infant welfare sessions	
	Sessions	Practices	Sessions	Practices
1963	588	15	—	—
1964	902	25	—	—
1965	1,456	36	46	5
1966	1,643	43	58	6
1967	1,927	51	50	2
1968	2,159	53	147	11
1969	2,381	57	294	21
1970	2,365	51	453	36
1971	2,849	64	573	40
1972	3,446	72	684	49
1973	3,818	74	766	54

Pioneer work on this had been undertaken, with good results, by Dr. T. McL. Galloway in West Sussex from 1962. Not only had the computer increased the immunisation rates but it had also improved contact between family doctors and the local authority

A pilot study began in the Keighley Borough and Wortley divisions in January, 1968, and the whole of the County was gradually taken on the computer scheme before the end of that year.

The advantages to the family doctor were that it offered help with the administrative chore of arranging appointments and following up defaulters and because the recording of the procedure on the computer form also acts as the basis for payment, it reduced the number of forms to be completed and substantially increased the remuneration to family doctors for this item of service. Payments increased from £18,000 in 1967/68, the last financial year before the computer scheme was introduced, to £34,000 in 1971/72. While there has been an increase in fees for each item of service, there has been a reduction in fees paid due to the discontinuation of routine smallpox vaccination.

The health department has benefited in that the immunisation rate has been increased from around 75 per cent. of those eligible, to 87·5 per cent. in 1972; in seven divisions of the county the rate is over 90 per cent. There has also been some transfer of immunisation away from local authorities towards general practitioners.

It is difficult to produce a meaningful figure of the proportion of family doctors who participate in the scheme; many doctors may have few patients in the West Riding, the greatest part of their practices being within the county boroughs. In 1969 of the 1,450 practitioners who had patients in the county some 657 had joined the scheme. However, if one looked at the total number of patients that these doctors had on their lists, altogether they served 1,164,000 West Riding patients; there were approximately 69,000 patients who were served by the partners of these doctors, but who were not themselves in practice within the West Riding. In addition, there were 66,300



West Riding patients on the lists of doctors who were not the responsibility of the West Riding Executive Council, but who were participating in the scheme.

To put the matter broadly, the doctors participating in the vaccination and immunisation scheme looked after approximately 70 per cent. of people living within the West Riding. In 1973, of 1,617 practitioners with some patients within the West Riding, 705 were in the computer scheme.

During the four years that the scheme has been in existence few doctors have resigned from the scheme itself while continuing to practice in the Riding. This very low resignation rate is an adequate testimonial of its success.

Certain other minor areas of co-operation have been effected through the Standing Sub-Committee on Co-operation. An example is the setting up of a scheme to provide confidential information to the County Medical Officer on fitness of applicants to drive motor vehicles.

Here, the family doctor provided details about his patient after consent had been obtained, knowing that this information was treated confidentially. Furthermore, if as a result of this information there was a possibility that an applicant might not be granted a licence or would have an existing licence revoked, an independent consultant's opinion was obtained so that if the applicant felt aggrieved at the loss of a licence he could not attribute this to lack of support from his family doctor.

The applicant, family doctor and licensing authority all benefited from this approach.

There has been co-operation with family doctors who are involved in Road Accident After-Care Schemes. Here the ambulance control undertakes to contact the family doctor who is on call and direct him to the site of the accident. Such a scheme has been in operation in and around the Harrogate area since 1970.

Space does not allow further examples of co-operative effort between local authority and family doctors, but even without the impending reorganisation, functional unity was already being achieved in many fields.

From this brief survey of the development of co-operation between the West Riding Health Department and the general practitioners the main point that emerges is that any comprehensive scheme of co-operation involves the exercise of considerable goodwill on the part of many groups of people. To name but a few, the Executive Council, the medical, nursing and administrative staff of the Health Department, the County Architect and his colleagues and probably most important of all, the individual nurse and doctor.

After reorganisation of the health service it is important to remember that administrative unity is only a step towards functional unity. From our ex-



perience in the West Riding it is clear that co-operation had already provided better services to the community. It is clear that administrative unity is not enough without co-operation which must continue after 1st April, 1974.

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# THE DEVELOPMENT OF TRAINING WITHIN THE WEST RIDING COUNTY AMBULANCE SERVICE

*L. Lord, County Ambulance Officer*

## **The Early Years of the Service:**

It is an indictment of those responsible for the creation and organisation of Ambulance Services in their early days in that it was not recognised that the ambulanceman was an essential part of patient care. He was looked upon purely as a driver, responsible only for delivering the patient to the point where *medical aid started*.

This concept continued for many years, during which the ambulanceman was given little training in patient care and their vehicles carried only minimum equipment. It may be suggested that the very wording of Section 27 of the *National Health Service Act, 1946*, was responsible for the prevailing attitude in that, whilst placing a statutory obligation upon Local Authorities it failed to define standards.

## **Early Realisations:**

When this statutory obligation came into operation in 1948 the West Riding Service was formed by an amalgamation of various services with differing standards. The majority of their staffs had some knowledge of first aid and allied subjects, but they were diluted into a vastly increased service, the new entrant to which had no knowledge of first aid. The situation was thereby created where a man could be the driver of a commercial vehicle one day, and involved in the care of the road accident victim the next day, being neither trained nor equipped to do so. An early attempt to remedy this was made by the West Riding requiring that all its staff obtain a Voluntary Aid Society First Aid Certificate within nine months of entry to the service. Even at this stage the more enlightened services, which included the West Riding, were saying that the standard of this elementary certificate did not fit the ambulanceman for his role in patient care, and that Ambulance Services should face up to their responsibilities in the training of their staff.

## **The Millar Report:**

It was not until the early 1960's however, that any concerted attempt was made to improve organised training on a national scale.

In 1963 a working party was set up, under the Chairmanship of Dr. E. L. M. Millar, with the following terms of reference:

“To advise on the revision of the guidance given by the Ministry of Health, and the Scottish Home and Health Department, on the equipment and training of staff in the Ambulance Service provided under the National Health Service Acts; to recommend, in the light of recent developments in Accident Surgery, what should be included in post-entry training and the form the training should take.”



The working party was drawn from medical, local authority, and ambulance fields, with representation also from unions. One of the ambulance representatives was Mr. V. Whitaker, County Ambulance Officer of the West Riding.

The Report was published in 1966, and its main recommendations were:

1. The setting up of a Central Ambulance Service Council.
2. A common basic training should be available to all ambulance staff. The working party suggested the broad content of a six week course.
3. Some training should take place in hospital.
4. Instructor courses should be set up.
5. All ambulance staff should undergo refresher training on a three yearly basis.
6. Regional Training Schools should be established.
7. Specialist courses for officers and control staff should be set up. The working party suggested the broad outlines of such courses.
8. A new entrant should proceed as soon as possible to a Training School to take a basic course leading to Part 1 of an 'Ambulance Service Proficiency Certificate.'
9. Twelve months after obtaining Part 1, a trainee should be assessed by his Authority and, if successful, should be awarded the full 'Ambulance Service Proficiency Certificate.'
10. The Ambulance Service needs a comprehensive set of Instructor Notes, *The Implementation of Millar*.

### **The Basic Training Course:**

In the West Riding County Ambulance Service the basic structure of training was already in existence, and well fitted to implement these recommendations in that we had already established, in July, 1966, our own Training School at "Elm Bank", Cleckheaton. The school was staffed by practical ambulancemen, of proven ability, who were supplemented by other service officers, and specialist speakers such as the midwife and the anaesthetist.

Its first task was to ensure that, whatever environmental differences existed from station to station, certain basic, fundamental procedures were uniform throughout the service. As time went by other Authorities were invited to send students, and by October, 1967, 427 West Riding Students, and 18 from 18 other authorities had passed through the school.

Following the publication of the Millar Report, the Department of Health invited a number of approved Training Schools, including that of the West Riding, to mount a series of experimental six week basic training courses, based on the Millar recommendations. The experience gained by each School, formed the basic outline of what came to be the established Basic Course. After the first two experimental courses, commencing in October, 1967, and after



further studies mounted by the Department of Health, a uniform draft syllabus was formed and the experiment continued until August, 1969, by which time 12 courses had been mounted by this service alone, 91 West Riding trainees and 158 from other authorities attending.

August, 1969, saw the first publication of the newly formed 'Ambulance Service Advisory Committee'. In this 'Circular No. 1' formal approval was given that, subject to certain conditions, ambulancemen could qualify, with enhanced pay, for the 'National Ambulance Service Proficiency Certificate in Ambulance Aid.' These conditions were:

- a. The ambulanceman is assessed by his Authority as competent over the whole range of operational duties and
- b. Have either:
  - (i) Satisfactorily completed an approved six week basic training course, and have not less than 12 months service on operational duties, (including accident and emergency work); *or*:
  - (ii) five or more years service on operational duties (including accident and emergency work); *or*:
  - (iii) less than five but more than two years service on operational duties and have satisfactorily completed an approved training course of not less than two weeks duration.

For the purpose of paragraph b (i) above the Committee has approved:

- (a) The experimental courses held at approved schools.
- (b) The interim courses held at approved schools.

With the implementation of these recommendations this form of training continued, with the added incentive that a successful student could now claim a qualification with enhanced payment.

To date a further 25 such courses have been mounted, and the total number of students having now completed them is 220 from the West Riding and 420 from 21 other authorities.

### **Refresher Training:**

In line with the recommendation of the Millar working party, this Service ran its first refresher course in May, 1970, attended by men from this and other Ambulance Authorities. By the time this recommendation was ratified by A.S.A.C. in 1971, refresher training had become an established part of this Service's training programme. Students were selected in the early days from the men who, for one reason or another, had not had the opportunity of attending the school previously, and then subsequently from those who had attended the initial two week courses which commenced in 1966.



Due to the restricted accommodation at "Elm Bank" which only allows 24 residential students, refresher training has of necessity taken second place to basic training and consequently it has not been possible to achieve the desirable three year cycle. At this point in time 14 refresher courses have been held, 139 students from the West Riding, and 154 from other authorities having attended.

### **Other Training at School:**

During the period 1966-1969, it was felt from time to time, that the training of staff in other fields was desirable. For instance, as Civil Defence played a prominent part in the Service in 1967, two Civil Defence officer courses were mounted, limited to West Riding staff, and a total of 40 men attended. Potential control officers were sought on two control courses, 39 men attending. In order to train Shift Leaders as syndicate instructors to be seconded to the school 22 Shift Leaders attended two courses. From this nucleus of syndicate instructors four men have now risen to the rank of Area Officer and are now fully employed in staff training.

### **In-Hospital Training:**

The developments envisaged in the County Medical Officer's Annual Report for 1970 (page 130) have now come to fruition. In-hospital courses of one week have now been extended to other major hospitals in the County as follows:

<i>Hospital</i>	<i>Stations Attending</i>	<i>No. of Staff Attended</i>
Airedale General Hospital	Keighley	28
Airedale General Hospital	Skipton	14
Pontefract General Infirmary	South Kirkby	30
Pontefract General Infirmary	Goole	15
Pontefract General Infirmary	Castleford	35
Doncaster Royal Infirmary	Bentley	20
Huddersfield Royal Infirmary	Honley	21
Huddersfield Royal Infirmary	Brighouse	13
Halifax Royal Infirmary	Todmorden	17
Pinderfields & Clayton Hospitals	Wakefield	26
Rotherham Hospital	Maltby	18
Rotherham Hospital	Wath	18
		—
		255
		—

### **Instructor Training:**

Since the inception of Ambulance Aid Instructor Courses at Cheshire County Ambulance Training School, mounted by the Department of Health, every effort has been made to obtain places for West Riding staff. The nett result is that we now have 12 officers so qualified, plus a qualified driving instructor, all but four of whom are fully employed in training, and the four are, from time to time seconded to the Training School.



The Department of Health has continued to call upon instructors from this Service to be directing staff on instructor courses held at Wrenbury Hall, Cheshire.

The Ambulance Service Advisory Committee have reviewed the arrangements for the future pattern of Instructor Training. The Committee concluded that a need existed for a number of changes to take into account, not only the diverse and changing needs of the Ambulance Service, but also to ensure that instructors who are fully employed in training are proficient in the use of effective techniques in Adult Education. The County was represented on the working party by the Ambulance Training Officer, and in summary the revised arrangements are as follows:

- a. Course on Instructional Methods for Supervisors. A one week course to be arranged, as required, at Ambulance Training Centres.
- b. Basic course for full time instructors in Ambulance Aid. A two week course sponsored by the Department, and held at the Cheshire Ambulance School.
- c. A refresher course for instructors who have successfully completed the basic course. This course to be of one week's duration.

A national working group was set up earlier this year to prepare syllabi for the above courses, and again the W.R.C.C. was represented.

### **Driver Training:**

As a result of the deliberations of a working party set up to investigate the desirability of ambulance driver training, the Department of Health arranged a Driver Instructor Training Course at the Metropolitan Police Driving School, for ambulance personnel from various Authorities.

Four men were successful, and they in turn, manned driving courses for the Department to select suitable ambulance personnel to train as driving instructors. This Service was fortunate in that we were granted two places, and both men were successful. One of these was granted a place on an instructor course. He is now qualified and it is hoped soon to obtain a similar place for the second man.

A two week driving course for new entrants is to become part of the programme at the new school in Keighley, and to that end Pilot Driving Courses are being run, on behalf of the Department, to ensure that course content is both desirable and practicable.

### **In-Service Training:**

The 1st October, 1972, saw the appointment of six Area Training Officers with a responsibility for all aspects of In-Service 'on the job' training. This aspect of training is now well established, the majority of Shift Leaders have been given training on methods of instruction, and organised training sessions are now an accepted feature at the majority of stations.



On-station training to all staff must be a continuous process because however well a man is trained initially, he may go for long periods without being called upon to use his skill and technique that without practice would be lost. It also provides feedback to the Training Centre on the standardisation and implementation of procedures taught. The West Riding consider the training to be of the utmost importance and will continue to maintain all its endeavours in this field.

### **Outside Training to other Organisations:**

It has for many years been the policy of the Service to accede, wherever possible, to any request for talks or training, from any organisation, on any subject relevant to the service. These have included Young Wives Clubs, Youth Organisations, Industrial concerns, Schools, the Yorkshire Provincial Council, and other County Departments including the Police and the Fire Service.

This demand has progressively increased year by year, and many hundreds of people have benefited from many hundreds of hours spent by officers of the service in this work. Particular benefit has been derived in the following areas:

1. The Yorkshire Provincial Council issue a "Programmed Learning" text on "Essential First Aid" to all students on their Basic Supervisory Courses. The text was produced by this Service, in conjunction with Whitwood College, and a practical session is given by the service, on this subject, on every course.

2. The demand for the training of school children in First Aid grew to such an extent that it has now become policy to train their teachers, as (a) they are the most likely to meet the accident situation, and (b) they are then in a position to pass on their knowledge to the children.

3. With Young Wives Groups, Youth Organisations etc., the emphasis has been upon Emergency Resuscitation and what to do—or not to do—prior to the arrival of the ambulance.

4. As we are now responsible for First Aid and casualty handling training for Police Cadets and Fire Service recruits, a worth while fringe benefit has been the opportunity to develop the theme of cooperation between the Emergency Services.

### **Future Development:**

The following courses for ambulance staff are at present the subject of consideration by the Ambulance Service Advisory Committee.

1. Basic first line supervisors.
2. Middle level management.
3. Senior management.
4. Control courses.
5. Para-medical training for officers.

To assist in preparing the syllabi for these courses, the Committee has set up a National Working Party of Training Specialists and again this service is represented.

A number of pilot courses have been mounted by the County and the experience gained has been of great assistance to the working party.

It has long been realised that the accommodation at "Elm Bank" which only allows for 24 residential students is inadequate to meet the demands placed upon it. This has resulted in an ever increasing backlog of places required from all the Authorities being provided for. After protracted discussions starting in 1970 with the Department of Health and the Local Government Training Board which culminated in the taking over of the lease on the former Nurses Home in Keighley which with suitable adaptations will make an admirable Training School. The new training centre at Keighley which will offer residential facilities for 52 students, will be capable of meeting the demand for the specialist courses shown above, in addition to those which are already an established part of the programme. It is anticipated that the Keighley Centre will be commissioned by January, 1974.



## FAMILY PLANNING SERVICES AND THE LOCAL AUTHORITY

*Denise E. Robertshaw, Principal Medical Officer*

It was not until the second quarter of this century that legislation was introduced to actively encourage the provision of family planning services by local authorities. The first birth control clinic to be opened in Great Britain was in London in 1921, and was a voluntary clinic. During the following nine years, various voluntary organisations were responsible for the opening of birth control clinics in different centres throughout the country, and 1930 saw the inauguration of the Family Planning Association which incorporated several of these organisations.

Increasing pressure for local authorities to provide birth control advice and clinics resulted in guidance from Central Government in 1931 which emphasised that local authorities had no general power to establish birth control clinics as such. The Government was of the opinion that birth control clinics could be provided for expectant and nursing mothers if a further pregnancy would be detrimental to health and that local authorities had power to provide medical advice and treatment for such persons. Any Departmental sanction required for such clinics would only be given in cases where the clinics were for women suffering from gynaecological conditions and where contraceptive advice was restricted to married women attending for such medical advice and treatment for whom pregnancy would be hazardous to health.

The West Riding County Council made provision for the giving of contraceptive advice at maternity and child welfare clinics, but there were no facilities for teaching contraceptive techniques and no special centres or sessions were provided by the Authority. In June, 1933, a provisional expenditure of £315 was agreed by the Finance Committee in order that the County Medical Officer might make arrangements for advice on birth control (including the provision in necessitous cases of the necessary appliances) to married women attending child welfare centres in the Riding in cases where this was necessary on health grounds.

February, 1934, saw a further advance in the provision of family planning services in the County Area when Ministry approval was requested for the financing of clinics in Doncaster, Leeds and Swinton, and the appointment of specialised medical officers to work in these clinics. In May of that year, the Minister of Health extended the powers of local authorities by allowing them to give birth control advice to married women suffering from other forms of sickness than those with a gynaecological basis, but again restricting it to those women for whom a pregnancy would be a danger to health. In June, 1934, clinics were opened in Doncaster, Leeds, Swinton, and in Hipperholme, and the Medical Officer's Annual Report states that 127 women attended these clinics from June to December, 1934. To ensure that all mothers needing birth control for medical reasons were able to obtain it, in 1937 the Health Committee authorised the County Medical Officer to arrange for the attendance of West Riding residents at birth control clinics run by other bodies and the County Council would bear the cost.



The next major development was the passing of the *National Health Service Act, 1946*, under Section 22 of which proposals by local health authorities could be approved by the Ministry on contributions to be given to voluntary bodies undertaking family planning services on their behalf. The West Riding County Council obtained approval to bring the two clinics provided by themselves and their contributions to four voluntary clinics into the scheme of the local authority on the appointed day. By 1949, there was a decrease in the number of women referred to family planning clinics for medical reasons, together with an increase in the number referred on social grounds. As the latter cases did not fall within the ambit of the local authority, which could only provide facilities for birth control advice where a pregnancy would be a danger to health, the County Medical Officer asked the Family Planning Association to take over the two local authority clinics in Doncaster and Swinton. The result of this was that the Family Planning Association established a clinic in Sprotbrough in 1951 for which they were given a County Council grant of £50 per annum. The following year, the Association opened clinics in Spenborough, Castleford, Shipley and Mexborough (replacing Swinton) for which an annual grant of £50 per annum per centre was made.

The next 15 years were a period of inactivity as far as Central Government and the local authorities were concerned with regard to family planning. In the West Riding, only four Family Planning Association clinics were opened in this time—namely, Keighley, Skipton, Pontefract and Harrogate.

However, from 1966 there has been increased interest by successive governments in the family planning services provided by local authorities and in the co-ordination of local authority services with all other services in order that a comprehensive family planning service should be available to all. In February, 1966, the Ministry of Health issued a circular which urged local authorities to review their existing arrangements for family planning. It stressed the importance of health education in family planning and, in it, the Minister expressed a wish that local authorities would provide free premises in which voluntary bodies giving family planning services could work and that advice, treatment and supplies should be free to all women in whom a further pregnancy would be detrimental to health.

Following this circular, the West Riding Health Committee had a meeting with representatives of the Family Planning Association at which certain recommendations were made, including:

- (1) Arrangements should be made for further discussions between the County Health Department and the Family Planning Association to plan future activities;
- (2) Payment to the Family Planning Association should be by block grant to the Association or its branches and not individual clinics;
- (3) Family planning advice and equipment should be provided free to those cases with a health need for them.



This circular was followed by the *National Health Service (Family Planning) Act, 1967*, which extended the existing powers of local health authorities to enable them to provide free advice and treatment on social as well as medical grounds and, for the first time, no distinction was made between the married and unmarried with regard to the provision of services. In a subsequent circular issued in 1967, the Minister of Health expressed the view that local authorities could make a charge for prescription and supplies in non-medical cases but emphasised that he did not approve of any charge being made for advice or examination in any case. Authorities were asked to consider the need to provide a domiciliary service in special circumstances and to plan the provision of services jointly with hospital authorities, general practitioners and voluntary bodies concerned.

A Special Sub-Committee of the West Riding Health Committee met in February, 1968, to consider a report from the County Medical Officer on the 1967 Act. His recommendations included:

- (1) Continuing use of Family Planning Association services to be paid for by a grant agreed with representatives of the Family Planning Association. (The grant for the year 1967/68 was £1,500).
- (2) That the Family Planning Association would make no charge for West Riding patients attending clinics in the County Administrative Area apart from charges to non-medical cases in respect of supplies.
- (3) That the County Council should supply its own service in areas where the Family Planning Association did not do so and where a service was necessary.
- (4) County Borough Councils could be paid in respect of the West Riding patients attending clinics in their areas.
- (5) The question of a family planning service for the unmarried should be deferred.

The above recommendations were accepted by the County Council who decided not to pay for family planning services for the unmarried.

The first direct family planning clinic, staffed by local authority personnel, was opened in Batley in 1970. Also in that year, a further meeting of the Special Sub-Committee with representatives of the Family Planning Association resulted in approval by the County Council to the adoption of Application No. 2 of the Association's Agency Scheme as from 1st October, 1970. This scheme provided free consultation for all patients attending Family Planning Association clinics in the West Riding Administrative Area (whether residents or not), with free supplies to medical cases, but with the restriction that the unmarried were excluded from the scheme unless a stable cohabitation relationship existed or they were about to be married. This decision was accompanied by a revised budget estimate of £25,000 (the original estimate was £15,000) being agreed at the half-yearly review. In actual fact, £18,700 was paid to the Family Planning Association for their services for the financial year 1970/71.



Towards the end of that year, the Association drew the attention of the County Medical Officer to the fact that residents in the West Riding County Council's area, who attended the Association's clinics in county boroughs, were having to pay the full fee as most local health authorities were restricting payment to their own residents. Therefore, from 1st April, 1972, the West Riding County Council changed to Application No. 5 of the Family Planning Association. This meant that payment was made for West Riding residents whether they attended clinics within the County Administrative Area or in the neighbouring county boroughs. Payment for individual cases was the same as that under Application No. 2. Patients attending direct family planning clinics provided either by the West Riding County Council or other local health authority were provided with the same service.

The Care of Mothers and Young Children and Nursing Services Sub-Committee passed a resolution in March, 1972, that a Special Sub-Committee should be authorised to meet representatives of the Family Planning Association with a view to discussing the removal of the restriction on the unmarried and also to discuss the implications involved in the provision of a free service. The results of this were that the County Council, at their May meeting, resolved that the unmarried should not be excluded from the scheme for the provision of family planning services and, at their October meeting, passed a resolution that a totally-free family planning service should be provided either directly by the County Council or under Application No. 4 of the agency arrangements of the Family Planning Association, and that budget provision should be made accordingly for the year 1973/74.

The representatives of the Family Planning Association had calculated that the County Council's total expenditure to the Association in the financial year 1973/74 would be £87,300 for a free service. This figure was based on the number of cases attending Association clinics from 1st April, 1971, to 31st March, 1972, plus an expected 5 per cent. increase due to the inclusion of the unmarried and a 15 per cent. increase on the introduction of a free service. In addition to payments to the Family Planning Association, the Authority makes payments to other local health authorities where West Riding residents are attending direct family planning clinics, and it provides its own service. Therefore, a total estimate of £100,000 was included in the 1973/74 budget for family planning services.

This estimate was approved but, shortly after the inception of the free service, it was apparent that the financial provision made would not be adequate. Early in April, 1973, the Family Planning Association notified the County Council of an increase in their charges as of 1st April, 1973, from £5.00 to £5.45 per patient. This was followed by their statement of the total charge made for their services for the year 1971/72 which, added to other expenditure incurred in the provision of family planning services, resulted in the County Council having spent £93,179 on these services in that year. This was £33,000 more than had been estimated.

In June, the County Medical Officer reported to the Care of Mothers and Young Children and Nursing Services Sub-Committee that an additional



£80,000 would be required if the service was to continue in its existing form, and and that £50,000 would be needed even if the free service were restricted to patients already attending clinics, and the next meeting of the Health Committee recommended that the approval of the Finance Committee be sought for a supplemental estimate of £80,000. However, the County Council, at their meeting in July, decided that the additional expenditure should be restricted to £50,000 to be met out of the existing budget estimates of the Health Committee. Examination of the budget did not reveal the possibility of any appreciable savings if the commitments provided for in the budget were to be met. In addition, the numbers of patients attending Family Planning Association clinics continued to increase month by month, and it was estimated that from 1st April, 1973, to 31st August, the service would have cost £90,000. The result of this was that the September Health Committee had to reconsider their policy with regard to the provision of family planning services for the remainder of the year and, in the light of the above moneys already spent and the limited amount available for the remainder of the year, it was reluctantly decided that, as of 1st September, 1973, the free service should be restricted to medical cases only.

The resolution of the County Council in May, 1973, that—in accordance with the *National Health Service (Family Planning) Amendment Act, 1972*, arrangements be made for the use of voluntary organisations for providing vasectomy services and that an estimate of £10,000 be approved for this purpose—has not been implemented. Although financial considerations have curtailed active expression of the advanced thinking of the County Council in the provision of family planning services, great progress has been made since 1933, when, for the first time, moneys were allocated specifically for birth control services. The following year saw the opening of the first four birth control clinics and now, 40 years later, over £100,000 will be spent on family planning services; there are 19 local authority clinics and 39 Family Planning Association clinics in operation in the County Area and, in 1972, over 20,000 cases attended these clinics. This expansion in the service has been accompanied by an increasing awareness of the necessity of producing a high standard of knowledge on family planning in all medical and nursing personnel. In recent years, the nursing staff (health visitors, home nurses and midwives) have all had in-service training on the appreciation of the need for family planning, and every Health Division has at least two practically trained family planning nurses who can give advice and, if necessary, treatment to cases in their own homes. The medical staff have been updated on the significance of the population explosion and the necessity of providing positive advice on family planning to any who need it.

The results of this should be that the West Riding County Council has laid a good foundation for the new Area Health Authorities on which they should be able to build very quickly a fully comprehensive family planning service within the terms laid down in the *National Health Service Reorganisation Act, 1973*.



# THE INCIDENCE OF SPINA BIFIDA CYSTICA IN THE WEST RIDING ADMINISTRATIVE AREA

*C. Simpson Smith, Principal Medical Officer*

In the Annual Report for 1969 special reference was made to the problems of the handicap spina bifida and preliminary figures were quoted of probable incidence. Since then it has been possible to improve the system of recording with the help of the computer and the present figures presented can be regarded as almost complete with the possible exception of a few cases of very mild meningocoeles with little or no residual defect.

The Department of Health and Social Security drew attention to the condition during 1973 in the pamphlet *Care of the Child with Spina Bifida*.<sup>1</sup> The pamphlet quoted various studies on the subject and included certain aspects not covered in this survey, e.g. the parity of the mother and the social class of the parents. It is suggested that the incidence is greatest in the first born among offspring of the youngest and oldest groups of mothers and in the lower social classes. From limited information available on social class distribution in the West Riding there appears to be a wide scatter of incidence.

Table 1 opposite represents a compilation of all available records.

## Comparison of Figures of Incidence:

The West Riding figures for the period 1967-1971 are as follows although it is probable that the 1967 figures are incomplete for stillbirths and neonatal deaths.

Year	Recorded Live Births in W.R.	Recorded Spina Bifida cases born alive	Incidence per 1,000 live births	Total Live & Still-births	Total Spina Bifida Cases	Incidence per 1,000 total births
1967	31,555	40	1.27	32,043	42	1.31
1968	31,226	68	2.18	31,680	74	2.34
1969	30,274	51	1.68	30,698	61	1.99
1970	31,024	55	1.77	31,451	65	2.10
1971	30,687	59	1.92	31,069	73	2.35

Other studies reported:

ENGLAND AND WALES:

*Care of the Child with Spina Bifida*:<sup>1</sup>

"The incidence of spina bifida cystica varies geographically and from year to year in an individual country. In England and Wales the incidence varies from 1 in 250 total births in South Wales to less than 1 in 500 total births in East Anglia."



Table 1  
Incidence of Spina Bifida Cystica Cases  
West Riding Administrative Area

Year of Birth	Stillbirths	Died Neonatally Sex Unknown	Survived Neonatal Period			Total Recorded Incidence	Died Later	Left Area	Total West Riding Survivors
			Boys	Girls	Total				
1954	Figures not available	Figures not available	—	4	4	Figures not available	—	1	3
1955			—	7	7		—	—	7
1956			11	9	20		1	—	19
1957			2	6	8		1	—	7
1958			5	6	11		2	1	8
1959			11	6	17		—	4	13
1960			11	13	24		3	1	20
1961			5	14	19		1	2	16
1962			12	10	22		3	1	18
1963			13	17	30		2	3	15
1964			13	8	21		1	1	19
1965			15	11	26		3	1	22
1966			14	17	31		4	4	23
1967			18	19	37		3	3	31
1968		3	31	25	56	42	13	8	35
1969	6	12	14	31	45	74	12	5	28
1970	10	6	17	25	42	61	11	3	28
1971	10	13	21	22	43	65	5	16	22
1972	14	16	16	19	35	73	3	1	31
(incomplete)	3	7				45			

Totals: 229 269 498

Note: The figures for the years 1954-1966 were compiled from clinical records of surviving children. From 1967 onwards the returns of Congenital Abnormalities were screened on receipt in the Central Office and notes compiled. With later use of the computer it is reasonable to accept the figures from 1968 onwards as a complete record of incidence.

### *Registrar General:*<sup>2</sup>

In Circular 11/69 of the Department of Education and Science "Special Education for Children Handicapped by Spina Bifida" it was stated that: "From information at present available the General Register Office have estimated an average incidence rate for England and Wales of 1.73 per 1,000 live births of children affected with spina bifida with or without hydrocephalus."

### *Lorber J. (1968):*<sup>3</sup>

1966 figures for England and Wales: 1.4 per 1,000 live births varying from 0.98 in East Anglia to 1.75 in the East Midlands and 1.87 in South Wales (in the same year the incidence in Northern Ireland was 3.1).

### *Knox E. G. (1967):*<sup>4</sup>

Reported an incidence of 2.0 per 1,000 total births and 1.56 per 1,000 live births from 1960 to 1962 in Birmingham.

### SCOTLAND:

#### *Richards, I. D. G., McIntosh, H. T., Sweeney, S. (1972):*<sup>5</sup>

Reported an incidence of 2.8 per 1,000 amongst all Glasgow births in 1964-1968.

The West Riding pattern shows a variable incidence from year to year as elsewhere. It will be noted that the present figures are higher than recorded in 1969 with more complete recording. It was then estimated that the incidence was approximately 1.4 per 1,000 live births.

### **Classification of Handicap:**

Table II records the clinical classification of the children surviving the neonatal period. Many of the cases were reviewed retrospectively after early treatment had been carried out and a number of cases of myelomeningocele with hydrocephalus have probably been recorded as myelomeningoceles only. In addition in the older age groups cases of meningoceles only were probably not recorded on Form 4 H.P., if there was little defect.

With these reservations however of the total incidence of 498 cases, 417 were myelomeningoceles with or without associated hydrocephalus (84%). Of the 498, 253 had reported hydrocephalus with myelomeningocele (51%). Lorber's figures (1968)<sup>3</sup> were that 85% of children born with myelomeningocele also have hydrocephalus but some 30% do not need operative treatment with valve insertion.

The figures demonstrate that the large proportion of surviving spina bifida cases are myelomeningoceles with resultant severe handicaps.



Table II  
 Classification of Children Surviving Neonatal Period  
 West Riding Administrative Area

Year of Birth	Total	Myelomeningocele	Myelomeningocele with Hydrocephalus	Meningocele	Meningocele with Hydrocephalus
1954	4	3	1	—	—
1955	7	4	3	—	—
1956	20	9	5	5	1
1957	8	6	2	—	—
1958	11	3	5	2	1
1959	17	8	6	—	3
1960	24	6	13	1	4
1961	19	7	8	3	1
1962	22	7	11	1	3
1963	30	10	16	2	2
1964	21	6	13	2	—
1965	26	4	20	2	—
1966	31	—	24	5	—
1967	37	6	17	13	2
1968	56	19	31	4	1
1969	45	11	31	3	2
1970	42	16	19	5	—
1971	43	21	16	5	2
1972	35	18	12	5	1
Totals	498	164	253	58	23

### **Type of Education:**

Of 265 children remaining in the West Riding of school age 161 were receiving education at home or in special schools as physically handicapped (61 %) and a further 20 were severely retarded (e.s.n. (s)) (7.5 %).

These figures are similar to the estimate made by Bernadette Spain of the Research and Intelligence Unit of the G.L.C. (1969),<sup>6</sup> that about 60% of survivors would require placement in schools for the physically handicapped and a further 10 % in schools for the severely subnormal.

The full figures are shown in Table III.

The figures are weighted in the younger age groups by the number of children given a trial in the ordinary schools before having to be transferred to special schools. With the development of more facilities at day schools for the physically handicapped within the area it is probable that more children will be admitted to special schools earlier. The advantages of day special education are outlined succinctly in the Department of Health and Social Security pamphlet.<sup>1</sup> (Para 10. 4. page 8). Each child needs to be considered individually bearing in mind that education is of vital importance to an individual who will require sedentary work later in competition with the less handicapped. The educational problems were referred to in more detail in the Annual Report for 1969. In the autumn of 1973, the first of the new day schools planned was opened in Barnsley C.B. and takes in children from a wide area of the central part of the West Riding County Council so that it has been possible to transfer several children from residential schools.



Table III

Educational Placement

West Riding Administrative Area

Year of Birth	Survivors to School Age remaining in Area	Home Tuition for Physical Handicap	Day P.H. School	Residential P.H. School	Ordinary School	School for E.S.N.(m)	Education as E.S.N.(s). (School, Hospital or Home Tuition)
1954	4	1	2	1	—	—	—
1955	7	1	1	4	—	—	1
1956	20	1	5	9	3	—	2
1957	8	—	3	2	2	—	1
1958	11	—	2	7	1	—	1
1959	18	—	5	5	7	—	1
1960	24	1	9	8	3	—	1
1961	18	1	3	5	5	2	3
1962	22	—	4	6	10	—	2
1963	30	—	6	12	11	—	2
1964	21	—	11	5	5	—	1
1965	24	—	9	6	7	—	—
1966	28	—	11	2	13	—	2
1967	30	—	10	3	15	—	2
Totals	265	5	81	75	82	2	20

## Other Aspects of the Survey:

### MONTH OF BIRTH:

There was no seasonal variation in the date of birth the pattern being distributed evenly throughout the year. Surveys elsewhere have shown seasonal variation with an excess from conception in the winter months.<sup>1</sup>

### INCIDENCE OF OTHER DEFECTS:

The following were recorded, some of the children not yet being of school age.

E.s.n. (s) (severely retarded)	20	(4 deceased)
E.s.n. (s) and deaf	1	
E.s.n. (s) and epilepsy	1	
E.s.n. (s) and optic atrophy	1	
Cretin	1	
Mongols	2	(1 stillbirth)
E.s.n. (m)	13	
Severe hearing loss	3	(1 deceased)
Blind	2	
Severe arthritis	1	(1955 birthdate)

The incidence of renal conditions was not recorded separately but it was noted that a number of children had died of renal failure at an early age.

The figures are not complete but give an indication of additional problems which have to be faced in dealing with these children. A severely physically handicapped child with associated profound hearing loss presents formidable difficulties educationally as the schools for the deaf cannot cope with the other physical problems. Special units for the deaf may have to be provided in schools for the physically handicapped. A number of cerebral palsied children are also similarly affected.

### SEX INCIDENCE:

As in other surveys there is a higher incidence in females: 229 males, 269 females.

### HISTORY IN SIBLINGS:

There were 14 definite instances of other children in the family being affected with two instances of stillbirths. These figures are incomplete in the younger age groups as full clinical recording is not yet complete but they present a history in 4.9% of the West Riding survivors from 1956-1969.



ANENCEPHALUS:

From 1969 onwards a record was prepared from the return of congenital malformations on the number of children born reported to be anencephalics. The comparative figures are:

	<i>Anencephalus</i>	<i>Spina bifida cystica</i>
1969	36	61
1970	31	64
1971	31	72
1972	26	45
(incomplete)		

The figures are in contrast to the statement that “spina bifida cystica is almost as common as anencephalus”<sup>7</sup> although in South Wales more spina bifida cases than anencephaly were reported.<sup>8</sup>

Estimated Survival Rates:

Lorber (1968)<sup>3</sup> stated that in 1965, 88 % deaths occurred in the first year, 8.1 % between 1-5 years and 2.5 % between 5 and 15 years. In 1971<sup>9</sup> he showed a survival rate of 64 % in all patients with modern management. Spain<sup>6</sup> estimated that the long term survival of those born is unlikely to exceed 50-55 %.

As detailed records have only been kept in recent years in the current survey and some of the children are not yet of school age, Table IV is only an approximate estimate of survivors but it would appear that one can expect similar figures to those quoted by Lorber in 1971.

Table IV  
Estimated Survival Rates

Year	Live births	Died neonatally	Percentage surviving neonatal period	Percentage of live births dying later before school age (incomplete)	Approximate percentage of children surviving until school age
1967	40	3	92	8	84
1968	68	12	82	19	63
1969	51	6	88	24	64
1970	55	13	76	22	54
1971	59	16	73	8	75
1972	42	7	83	—	—
(incomplete)					

## General Conclusions:

Based on the recorded incidence, neonatal and early deaths and transfers it is anticipated that between 30-40 children will survive until school age in the West Riding County Council area each year in future. The incidence is variable however from year to year but is generally less than in South Wales although higher than in the Eastern areas of England.

Of the survivors over 80% will be cases of myelomeningocele with or without associated hydrocephalus and probably over 60% of the total will require admission to schools for the physically handicapped with a further 7-10% requiring admissions to schools for e.s.n.(s) pupils. This represents around 20-25 new places at schools for physically handicapped children and 2-4 at schools for e.s.n.(s) pupils. The figures in the present survey confirm previous estimates of approximately 25 places per year made in 1968.

## References:

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# CHILDREN WITH EDUCATIONAL AND RELATED DIFFICULTIES IN THE PRIMARY SCHOOLS: A REPORT OF A SCREENING PROCEDURE WITH CHILDREN OF TOP INFANT AGE

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A description was given in last year's Report of a screening procedure which was to be introduced in the West Riding primary schools with the purpose of identifying children with learning and other difficulties in their final year of infant schooling. The procedure was to be a two stage one, initial screening of the total age group to be followed by the further assessment of children identified by it. In this, psychologists, school medical officers and heads of remedial centres were to collaborate with the schools and to make joint recommendations on any further action or treatment which children might require. The procedure was also intended to provide information on the incidence of problems in different parts of the County.

The screening began in January, 1973. At the time of writing, it has not been completed; but it is possible to offer information and comments on the outcome of the initial screening and the subsequent assessment of children who had been identified as having learning problems.

## **Initial Screening:**

The screening forms which were distributed to schools contained a 10 item questionnaire which class teachers were asked to complete for each child. The first six questions enquired about behaviour and adjustment, and had been taken, with minor modifications, from the Six Adjustment Pointers first suggested by D. H. Stott for use in the rapid screening of school populations for signs of unsettlement or maladjustment. It was intended that any child who received three or more check marks on these six questions should be referred to the school medical officer, as it could fairly be assumed that such a child would be presenting problems in school which warranted further investigation.

The final four items of the questionnaire enquired about educational performance, with particular reference to whether the child was considered backward, in reading, drawing or general coordination. Any child receiving a check mark on any one of these items was to be seen later in school for assessment of learning difficulties.

A survey of reading attainment was also included in the screening, using the Burt (rearranged) Graded Word Reading Test, administered by teachers after briefing in its use. They were advised merely to record for each child the total number of words correctly read on the test, and not to attempt to convert these to reading ages or quotients.



Completed screening forms were returned to the psychologists in each Division for collation and summarising of the information they contained. This included preparing lists of children in each school who would require further assessment, and the summarising of the reading test scores in the form of percentile tables for each Division, the scores of girls and boys being treated separately in three month age groups. The reading test scores themselves were not to be used for selecting children for assessment, this being determined rather by the expressed opinions of teachers and headteachers.

#### FINDINGS:

Screening forms were returned by 799 schools, giving information on 14,195 boys and 13,715 girls—a total of 27,910 children—whose average age was about six years 11 months.

Only the broad findings can be presented here. According to the selection criteria used, the numbers and percentages of children in the County who were identified as requiring further assessment were:

1. Children requiring further assessment by school medical officers for reported poor adjustment in school:  
Boys: 1,014 (7.1 %), Girls: 388 (2.8 %), Total: 1,402 (5.0 %).
2. Children requiring further assessment for reported learning difficulties:  
Boys: 2,613 (18.4 %), Girls: 1,307 (9.5 %), Total: 3,920 (14.0 %).
3. Children requiring further assessment for both:  
Boys: 722 (5.1 %), Girls: 263 (1.9 %), Total: 985 (3.5 %).

This gave a total incidence of 15.5 per cent. of all the children screened having been identified as needing further assessment, 14 per cent. for reported backwardness, and 1.5 per cent. solely on grounds of reported poor adjustment without learning difficulties. About a quarter of the children with learning difficulties had also received three or more check marks on the six behaviour items of the screening questionnaire, and were therefore referred for selective school medical examination as well as for further assessment of their learning difficulties. Of the children identified as poorly adjusted, about 70 per cent. had additional learning difficulties.

It is likely that the number of children reported on adjustment grounds is a conservative proportion, as the criterion of three or more check marks on the six behaviour items of the questionnaire is a stringent one. No conclusion can be drawn from the screening about the 'true' incidence of maladjustment, as the questionnaire was merely intended to give teachers the opportunity to indicate children whose behaviour in school gave cause for concern, the questionnaire was inadequate for any epidemiological study, and this would have also required information from parents as well as from schools.

Of the individual items of the questionnaire, the one which yielded the highest number of children was the question referring to backwardness in reading, 11.5 per cent. of the children—2,145 boys and 1,073 girls—being



indicated on this. Two and a half per cent. of the children were unable to write their own first name without a copy, and a similar percentage were considered to be very clumsy. About five per cent. were considered to be very immature in their drawing ability.

The behaviour item which gave the highest proportion was the question referring to lack of concentration or restlessness seriously hindering learning: 10·3 per cent. of children—2,097 boys and 779 girls—were indicated on this question. The question which asked whether the child appeared to be unstable or to suffer from nervous trouble produced a percentage of 7·1—1,290 boys and 686 girls. The percentages on the other four behaviour questions ranged from 2·4 to 5·2.

Under each item of the questionnaire, the proportion of boys to girls easily exceeded two to one.

As the West Riding is an area of particularly varied character, it was of interest to compare the proportions of children identified as backward or poorly adjusted in different parts of the County. This information was abstracted and is available for administrative use. The higher incidence rates, as expected, were found in the heavily populated industrial and mining areas, and the lower ones in the predominantly rural and residential ones. The screening also gave information on particular localities and schools which had reported a high proportion of problems in their children.

#### READING:

Scores on the Burt reading test were obtained for 27,684 children whose average age was 6 years 11 months.

The percentile tables drawn up in each Division offered local norms on the test. Information from these was combined to give percentile scores for all the children tested in the County.

The average scores obtained by the children on this test were:

Boys: N	14,123	Average Age: 6:11	Average Score: 25
Girls: N	13,561	Average Age: 7:0	Average Score: 30
Total: N	27,684	Average Age: 6:11	Average Score: 28

The better reading skill of the girls on this test was evident at all ages and in all parts of the County. The age period covered by the screening is one during which children make rapid progress in the acquisition of reading skill, and special care was therefore taken to compare individual children with peer groups narrowly delimited in age.

The reading survey was used to give local and County information on the assumption that this is preferable to the use of 'national' norms for identifying



backward readers. But the use of the Burt test enables some comparison to be made also with national standards, in so far as these are known. The results of the survey can be considered very reassuring regarding the general standard of reading throughout the County. According to one source of information, for example, given in the manual of the Young group reading test, the average score of 28 obtained by the West Riding children at the average age of 6 years 11 months could be considered equivalent to a reading age of 7·0 years on the Young test and 7·4 years on the Southgate test 1.

Particular note was taken of children with very low scores on the reading test. There were 2,678 children—1,764 boys and 914 girls—with a score of five or less on the test, or 9·6 per cent. of the children tested. This means that they were unable to read more than five of the following words: to, is, he, at, up, for, an, of, his, or, sun, went, just, big, my, that, girl, day, pot, one—the first 20 words of the test. There were 492 children—321 boys and 171 girls—or 1·8 per cent. of the total, who were unable to read any words on the test.

### **Assessment Stage:**

The information given here is confined to those children who had been identified as having learning difficulties, and who were seen for assessment in their schools during the latter part of the Spring term and the whole of the Summer term. The average time elapsing between the initial screening and the later assessment was about three months. A standard, short test procedure was used, consisting of the English Picture Vocabulary Test (EPVT) Form 1, a Copying Designs Test devised for the purpose, and a retest on the Burt reading test. The EPVT was used as a brief and convenient measure of verbal ability which had been used in previous screening of this kind, and the Copying Designs Test to indicate children with poor visual motor ability. Each child was also asked to draw a man, but this was not scored.

The testing was carried out by psychologists, teachers and heads of remedial centres.<sup>3</sup> Recommendations were made for individual children on the basis of the assessment testing and discussions with teachers and headteachers. The tests themselves offered guidelines but were not the exclusive means of arriving at decisions. Some of the recommendations could be acted upon immediately, and several children had obtained places in Remedial Centres by the end of the Summer term.

### **FINDINGS:**

Of the 3,920 children identified by the initial screening as being in need of further assessment for backwardness, 3,763 or 96 per cent. had been assessed by the end of the Summer term.

Although all of these children had been reported as having learning difficulties, their scores on the EPVT were found not to fall much below the average expected



of the general population of their age. Standard scores on the EPVT were obtained for 3,737 children whose average scores on the test were:

Boys: N 2,518	Average Score: 98·30	Standard deviation: 12·11
Girls: N 1,219	Average Score: 91·92	Standard deviation: 12·09
Total: N 3,737	Average Score: 96·22	Standard deviation: 12·47

The girls were significantly poorer than the boys in the ability sampled by the test.

As the Copying Designs Test was specially devised for the screening, we have no reference group of 'normal' children against which to compare scores. The test required that a child make two copies of each of six shapes—circle, cross, square, triangle, star and diamond—and gave a range of scores from 0 to 12. Average scores on this test were found to increase only slightly over the age range tested. The median score on the test for these children was nine. About a quarter of the children could copy all six shapes adequately, obtaining scores of 11-12. About five per cent. of the children had a score of four or less, which implies that they were not able to copy shapes more difficult than circle and cross. The test was more discriminative at the lower end, which was its main purpose.

#### RECOMMENDATIONS:

On the basis of the diagnostic indications given by the tests and discussion with teachers and headteachers, recommendations were made for the children who had been assessed. These were of four main kinds:

##### *Further Individual Testing:*

This applied to children who appeared to be generally very backward or who had serious difficulties warranting further individual investigation. Some of them could be expected to be limited to the extent that they might need special schooling.

There were 795 children—420 boys and 375 girls—who were recommended for further individual examination. Their average EPVT score was 79, average Copying Designs score 7·8, average Burt retest score 7, reading quotient 66.

They formed about 21 per cent. of the children assessed for backwardness, and 2·8 per cent. of all the children screened.

##### *Remedial Help:*

These were children of estimated normal ability who were very backward in attainment and presenting particularly serious learning problems in class.

There were 1,223 children—916 boys and 307 girls—who were recommended for remedial attention either in Remedial Centres or in their own schools. Their average EPVT score was 100, average Designs score 9·1, average Burt score 6, reading quotient 64.



About 32 per cent. of the children assessed, and 4.3 per cent. of all the children screened, received this recommendation.

#### *Follow-up:*

Children recommended for follow-up were mainly children of estimated normal ability, retarded in attainment, showing evidence of slight progress, but needing a continuing check on their progress.

Follow-up was recommended for 905 children—635 boys and 270 girls—amounting to 24 per cent. of the children assessed and 3.2 per cent. of the children screened.

Their average EPVT score was 101, Designs score 8.7, Burt score 11, reading quotient 72.

#### *No Further Action:*

Some of the children were found on assessment to be making good progress and could no longer be viewed as having any significant learning difficulty.

The number of children so found was 840—567 boys and 273 girls—forming 22 per cent. of the children assessed and three per cent. of the children screened.

Their average EPVT score was 101, Designs score 9.5, Burt score 23, reading quotient 88.

Of all the children identified as having learning difficulties on the initial screening, we were thus left after the assessment testing with a group of children amounting to about 11 per cent. of all the children screened who were considered to be in need of special help. About eight per cent. required either remedial attention or close follow-up as they were found to be seriously 'underachieving'. About three per cent. would need individual testing to determine the extent of their difficulties or limitations. It is not yet known how many of these children might need to be considered for places in special schools.

No differences were found in the average ages of the children for whom the different recommendations were made, and it is unlikely that the children assessed for learning difficulties differed significantly in age from the rest of the children who were screened. Safeguards were taken throughout to avoid any bias resulting from age.

Lists were prepared in each Division of children for whom the different recommendations were made, and these include particulars of the children's performance and the schools they attend. The lists will need some updating as the results of the individual testing become available and the progress of the other children is reviewed. They should meanwhile give some guide to areas and schools which have particular needs.



The children assessed for backwardness were at greatly increased risk of emotional and other indications of disturbance, having as a group about a ten times greater proportion of 'adverse pointers' on the six behaviour items of the initial screening questionnaire than the rest of the children. Very many of them will also have been seen by the school medical officers for further investigation of adjustment problems, but the outcome of these examinations has still to be evaluated.

**The Views of the Schools:**

There would be little point in imposing a procedure of this kind on the schools if they had grave doubts about its value. It was therefore decided that a circular should be distributed to headteachers asking for frank opinions about the screening. It took the form of a questionnaire with space for additional suggestions and comments, and was sent out to reach the schools by the beginning of the Autumn term.

At the time of writing, replies to this questionnaire have been received from 489 schools, with the following outcome:

Q.1.	I think the screening was	Valuable	...	...	...	134
		Useful	...	...	...	189
		Moderately useful	...	...	...	112
		A waste of time	...	...	...	33
Q.2.	From the teacher's point of view it was	Little trouble	...	...	...	299
		Time consuming	...	...	...	154
		Took up far too much time	...	...	...	13
Q.3.	Do you think the procedure identified various categories of children who might otherwise have been missed?	Yes	...	...	...	178
		No	...	...	...	280
Q.4.	Do you think it really helped to clarify the needs of certain children?	Yes	...	...	...	111
		To some extent	...	...	...	250
		No	...	...	...	103
Q.5.	Do you think the screening is helpful in linking school and other services regarding children with special needs?	Yes	...	...	...	262
		To some extent	...	...	...	152
		No	...	...	...	42
Q.6.	I think the use of the reading test was	Valuable	...	...	...	163
		Of moderate value	...	...	...	252
		A waste of time	...	...	...	52

Q.7. Do you feel the screening should be an annual undertaking?

Yes	...	...	...	...	390
No	...	...	...	...	81

Q.8. If answer to 7 is Yes, would you prefer that the procedure be modified?

Yes	...	...	...	...	112
Uncertain	...	...	...	...	107
No	...	...	...	...	165

From the replies received, it is clear that many headteachers had found the procedure to be useful or valuable, and that over 80 per cent. of them thought that screening should be an annual undertaking, although many made suggestions that it should be modified in some way. The great majority had found it little trouble, and many of those who replied that it had been time consuming qualified this by saying that it was "time well spent" if children were to be helped by it. Only a minority considered that it had identified children who might otherwise have been missed, reference often being made to the particular responsibility which infant teachers have anyway for observing and giving attention to the difficulties and needs of young children. Many heads of small and rural schools commented that it had not brought to light any new problems in their children of which they had previously been unaware, but it might provide that service in large schools. Some headteachers saw a value in the screening helping to focus attention on certain children even if it did not identify children who might otherwise have been missed: "it focussed our attention on these children again and this was a very good thing," and "it really makes the class teachers look/think carefully before committing themselves to paper about a child" were typical comments of this kind. The majority opinion was that the screening and assessment were of help in clarifying the needs of certain children.

One of the purposes of the screening had been to help in bringing about a closer link between the schools and the other services. Some headteachers had little evidence of its having done this, and they often referred to the slowness in 'following-up' the children identified by the initial screening. One replied "what services?" But a very clear majority appreciated the increasing contacts they had had especially with the psychologists: "because of this screening I met the psychologist for the first time", "the special services were suddenly 'concrete' individuals not 'signatures'". On the whole, the screening appears to have been successful in encouraging closer personal collaboration, and to have been appreciated for this reason, allowing for the fact that in some areas the quantity of work which it brought to staff already heavily engaged in other duties did not permit the speedy response which some schools might have hoped for. A few headteachers, in expressing this disappointment, said that quicker action might have been taken over some children if they had referred them in the usual way on Forms 3HP. Some others expressed the view that the screening wouldn't be necessary if they had easier access to special staff: "easier access to educational psychologists by heads of schools would be much more useful than mass testing."



There was ample and free criticism of certain aspects of the procedure, and many very useful suggestions were made. Several headteachers thought that the questionnaire items had been too vague or ambiguous, that more specific questions should have been included, with space for further comments from teachers. Some suggested particular questions, such as absences from school, the presence of particular disabilities, and one thought that "questions about the home background should be included to enable something to be done about this." But this kind of suggestion has to be balanced against the opinions of other headteachers, typified by the comment "I am yet to be convinced that once information of this nature enters a child's file it is ever erased." It is difficult to steer a course between these extreme views, and it was of some reassurance to have the comment from another headteacher that "for me it picked out the children who needed guidance. It did the intended job without ponderance." Another, in reply to question 8 of the circular, said "No! Keep it simple. We were pleased that the children we were worried about received immediate attention which would not have been the case without the screening procedure."

The matters which received most critical comment were the use and choice of the reading test, the speed of following-up identified children, and the feeding back of information to the schools. Although it was a majority view that the reading test was of some value, frequent criticism was made of the Burt test itself. Typical comments were: "the vocabulary of the test is somewhat dated and not related to children's reading books"; "too much emphasis is placed on phonic rather than visual reading methods"; "the Burt test contained very few words from our basic reading schemes"; "some children can read quite fluently from a simple reader yet balk completely at a list of isolated words"; "the words of the reading test were divorced from those used in modern reading schemes". Others criticised the type-face of the test. Such criticism had been anticipated, and a very deliberate choice had been made of the Burt test as being a cheap and convenient means of carrying out the reading survey, it not being the intention that the test should be retained as a permanent feature of any future screening. A few headteachers thought that the reading test should have been given later in the school year when the children had developed better reading skill.

Some headteachers felt that they could not comment on the value of the procedure because they had not yet received information about its outcome. Often, these were heads who thought also that the time had been too long between the school completing the screening form and the children being seen for assessment: "a shorter period of time between the screening and the resultant action would improve things." There were, of course, schools where children were seen for assessment pretty soon after the initial screening, but available staffing inevitably meant that some children in some schools had to wait quite a time. Suggestions were made that either the screening should take place in the Autumn term or that only a selected proportion of children should be screened to enable the procedure to be completed to the satisfaction of the infant schools before the end of the school year.



It was apparent that many headteachers felt that communication with them could have been better, and there were many requests for specific information to be sent to the schools on the children who had been assessed. Some schools had been given this information either verbally at the time of the assessment or by letter, but the pattern of operation of the assessment procedure varied in different Divisions. Some also requested that information should be circularised to the schools regarding the overall findings of the screening. 'Feedback' to the schools is obviously a vital matter, and it was considered important by some headteachers who had referred no children: "headteachers should be informed of intending follow-up—a nil return is also useful."

Finally, a great deal of comment was offered on the importance of some action being taken to help children with identified needs. This was often expressed strongly: "if this screening procedure is to lead to extra help within the school it is of use, if it is only to provide a set of statistics upon which no action is taken, then teachers should not be asked to use their time." Another head wrote "The inability to take any real action on cases in need of special treatment makes a very sound practice suspect. Teachers are bound to feel greater frustration if a need is demonstrated, yet nothing can be done, other than what is already possible." Some headteachers felt there was little point in screening children unless provision was already available: "until there is full provision to assist children with learning problems at an early age, then early identification is 'cart before the horse' again"; "the crying need is for extra provision for the children we already know to need it." Many headteachers, however, thought there was a value in the procedure itself apart from the information it might provide on the need for extra provision: "the screening told us more about some children and was valuable even before the second stage."

Favourable as the overall response of the schools has been, it could well have been much more favourable had it been possible to carry out the assessments of the identified children more promptly in some areas, and for the schools to be visited and communicated with more thoroughly and frequently. There were 18 psychologists to take the responsibility for carrying the procedure through in the various Divisions, as an addition to their normal duties; and the working party had estimated that it should just be possible to manage a county wide screening on this staffing basis. The departure of one member of the service almost led to a breakdown of the scheme in one area, and some psychologists working in areas of particular social need had especially heavy 'case loads' of children to see. Much work, in following-up particular children, discussing their problems and progress with the schools, and in looking into the further needs of the children with emotional, behaviour and social problems, has still to be done. The screening has set in motion a process of assessment for many children which will need to continue; and, although local government re-organisation will prevent the repetition of the screening—which would probably have been in a modified form—next year, there is sufficient support to indicate that the basic practice, and the principle behind it, is a useful one.



**PART I**

**VITAL STATISTICS**

**EPIDEMIOLOGY**

**VENEREAL DISEASE**

**RESEARCH**

**See also Tables 1 to 33 of Appendix A**

For 1973 actual figures are quoted for the nine months ended 30th September and, where possible, an estimate for the full year also is given in brackets.

# VITAL STATISTICS

## Area and Population:

		Municipal Boroughs and Urban Districts	Rural Districts	Administrative County
Area (acres)	... ..	380,315	1,226,148	1,606,463
Population:				
Census, 1971	...	1,272,706	520,772	1,793,478
Estimated (mid-1973)		1,288,750	535,060	1,823,810

Number of Municipal Boroughs, 13; Urban Districts, 55; Rural Districts, 21; Total 89.

## Summary for 1973:

								Adminis- trative County
Live Births								
Number	... ..	...	...	...	...	...	...	19,612
Rate per 1,000 population		...	...	...	...	...	...	14.3
Stillbirths								
Number	... ..	...	...	...	...	...	...	205
Rate per 1,000 total live and still births		...	...	...	...	...	...	10.3
Total Live and Still Births...		...	...	...	...	...	...	19,817
Deaths: All causes	... ..	...	...	...	...	...	...	15,673
Rate per 1,000 population		...	...	...	...	...	...	11.4
Infant Deaths (deaths under 1 year)		...	...	...	...	...	...	
Rate per 1,000 live births		...	...	...	...	...	...	17.2
Neonatal Mortality Rate (deaths under 4 weeks per 1,000 live births)	... ..	...	...	...	...	...	...	11.8
Early Neonatal Mortality Rate (deaths under 1 week per 1,000 live births)	... ..	...	...	...	...	...	...	9.8
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	...							20.0
Maternal Mortality (including abortion)								
Number of deaths	... ..	...	...	...	...	...	...	—
Rate per 1,000 total live and still births		...	...	...	...	...	...	—



## **Live Births:**

The downward trend in the crude birth rate continued and reached the lowest level recorded. Up to the end of September, 19,612 births had been notified, equivalent to a rate of 14·3 per 1,000 population, compared with a rate of 15·4 in 1972 and an annual average of 16·8 in the years 1968 to 1972. It is expected that the decrease in the rate will persist through 1974 with the rate of decline less marked. The County rate was again higher than that for England and Wales, 14·0.

## **Stillbirths and Infant Mortality:**

### **STILLBIRTHS:**

The decline in the number of live births was accompanied by a further reduction in notified stillbirths. There were 205 recorded in the first three quarters of the year, representing a rate of 10·3 per 1,000 total births, the lowest on record.

The requirements of the Population (Statistics) Act, 1960, has enabled more information in respect of each stillbirth to be made available; the number of stillbirths assigned to the various causes and the corresponding rates per 1,000 total births are given in Appendix A.

### **PERINATAL MORTALITY:**

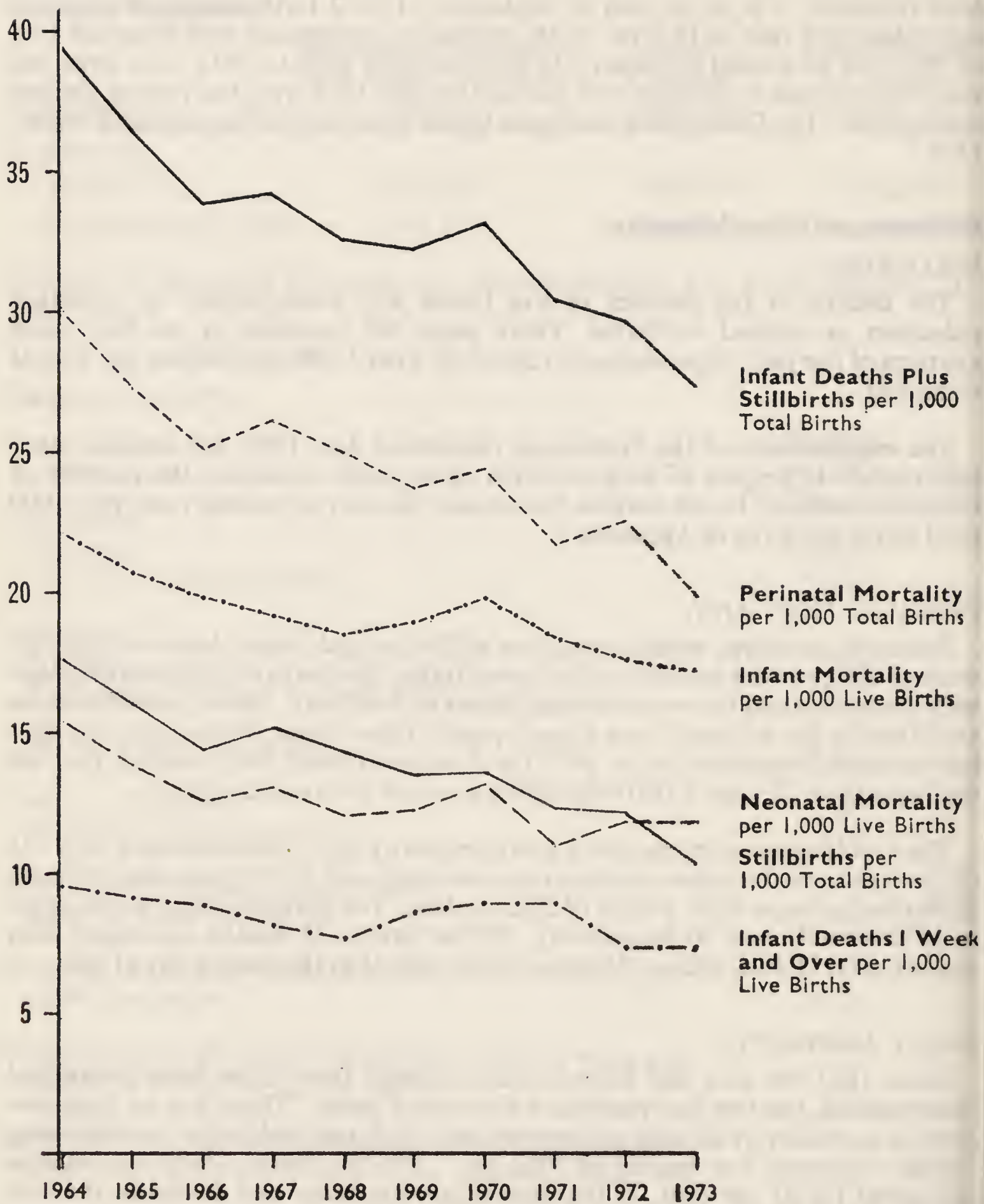
Perinatal mortality, which comprises stillbirths and infant deaths in the first week of life, provides an index of the loss of infant life due to conditions associated with pregnancy and the events during labour and delivery. Since records became available for the Administrative County, apart from minor fluctuations, the rate has decreased significantly. In 1973 the downward trend was resumed, the rate declining from 22·5 per 1,000 total births to a new low record of 20·0.

The involvement of prematurity and immaturity again predominated with 131 (68 per cent.) of the infant deaths under one week and 120 (59 per cent.) of total stillbirths having a birth weight of 5½lb. or less. The corresponding percentages in 1972 were 71 and 60 respectively. Of the first week deaths associated with prematurity, 81 died within 24 hours of birth and 25 in the second day of life.

### **INFANT MORTALITY:**

Since 1947 the rate has halved and, although there have been occasional interruptions, the rate has pursued a downward trend. There was an improvement in mortality at all ages under one year which resulted in the rate declining further to a new low record of 17·2 per 1,000 live births. First day deaths accounted for 31 per cent. of the total infant mortality and deaths in the first week of life for 57 per cent.; the respective mortality rates per 1,000 live births were 5·3 and 9·8.

The causes of mortality followed established trends and up to 30th September,





the prominent causes in the first week of life were anoxic and hypoxic conditions, immaturity with no other contributory cause, and congenital malformations. At older ages congenital malformations, and diseases of the respiratory system made major contributions to total infant mortality. There were only minimal variations in the numbers of deaths attributable to other diseases.

Illustrated graphically are the trends of the rates associated with loss of foetal and infant life during the past decade.

### Deaths:

In the first three quarters of the year deaths of County residents numbered 15,673 compared with the annual total of 21,956 for 1972, the corresponding crude death rates were 11.4 and 12.1 per 1,000 population respectively.

The major causes of mortality were malignant neoplasms, which were responsible for 2,786 (4,051 for the calendar year 1972); diseases of the heart and circulatory system 8,118 (11,721); diseases of the respiratory system 2,587 (3,131) and violent causes 544 (850).

Table 9 of Appendix A shows the distribution of deaths by age and major cause groups. The proportion of deaths ascribed to the principal causes conformed to the general pattern of the past decade.

### PRE-SCHOOL AGE (1-4 years):

Since the turn of the century the number of deaths at these ages has decreased dramatically; in the period 1911-15 the average annual death rate was 17.13 per 1,000 living in the age group, by 1935-39 the average annual rate had reduced to 5.09 and for 1945-49 to 2.23. Subsequently there has been a slowing down in the degree of improvement and in 1965-69 the average rate was 0.82. Since then there have been minor fluctuations in the rate. During the first nine months of 1973 only 58 deaths were registered representing a rate of 0.64 compared with 105 deaths and a rate of 0.86 in 1972. The patterns of mortality were broadly the same as previously with no significant variations.

### SCHOOL AGE (5-14 years):

By far the lowest death rates at any age are recorded in this group; further improvements, however, could be achieved if fatalities from accidental causes were eliminated. In the age group there were 75 deaths, of which violent causes contributed 35. Mortality from malignant neoplasms was slightly higher than formerly but the remaining cause groups of death were around the same level as in recent years. The general death rate has remained fairly steady throughout the past decade.

## ADOLESCENCE AND AFTER (15-24 years):

While there have been only minimal variations in the level of mortality for a number of years, certain cause groups, however, have assumed greater prominence. The number of deaths from malignant neoplasms and diseases of the respiratory system retained their relative position but violent causes now predominate in this age group and up to 30th September, accounted for 74 of the 139 deaths. A large proportion was associated with riding motor cycles and I welcome the introduction of *The Motor Cycles (Wearing of Helmets) Regulations, 1973*, which came into operation on 1st June, 1973, and requires helmets to be worn by riders and their passengers; this will prevent many head injuries.

## YOUNG ADULTS (24-34 years):

During the past 20 years mortality at these ages has pursued a gradual downward trend. The sex and cause of death distribution followed the usual pattern with male deaths in excess in the ratio of 1.6:1. Of the 139 deaths, violence contributed 35 followed by malignant neoplasms 30, and diseases of the heart and circulatory system 22.

## ADULTS (35-44 years):

At these ages, while the general death rate remains at a low level, some of the more frequent causes of total mortality, notably diseases of the circulatory system and malignant neoplasms, gain prominence. Deaths totalled 299 of which 108 were from heart and circulatory diseases, 81 due to malignant neoplasms and 42 from violent causes. The number of deaths ascribed to the groups varies slightly from year to year with no trend apparent.

## MIDDLE LIFE (45-64 years):

Of the 3,423 deaths registered in this 20 years life span the most numerous causes, in descending order, were diseases of the circulatory system with 1,665, malignant neoplasms 961, diseases of the respiratory system 405 and violence 120. There was no significant variation in the mortality distribution by cause or sex from former years.

## OLDER AGES (65 years and over):

Over 70 per cent. of the total mortality was at these higher ages. In all there were 11,202 deaths with the patterns of mortality in middle life being broadly continued with the degenerative diseases predominating. As age advanced the excess male mortality was less evident and at ages 75 years and over female deaths were in the majority.



## EPIDEMIOLOGY

### Incidence and Notification of Infectious Disease:

The tables in Appendix A provide a summary of the age and sex distribution of cases notified during 1973, and, where applicable, a comparison is given of the notifications in the five preceding years.

#### ANTHRAX:

Notification of the disease in humans was introduced in 1960 and up to 1966 eight cases had been confirmed; since then no case has been reported. The vaccination of workers considered to be particularly exposed to the risk of contracting the disease has continued.

#### DIPHTHERIA:

No case has been recorded since 1964. Although the incidence nationally remains low, occasional flare-ups and imported cases emphasise the importance of achieving and maintaining the optimum level of protection of our child population by immunisation.

#### DYSENTERY:

Incidence varies from year to year with no discernible trend. The number of corrected notifications up to the end of September totalled 116 compared with annual totals of 124 in 1972 and 406 in 1971.

Seasonally, cases were slightly more prevalent in the winter months. There was no outbreak of any significance, the majority of cases occurring sporadically with no traceable connection. The disease appears to be endemic and, while the reduced incidence can be viewed with satisfaction, there is no room for complacency.

The character of the disease has undergone various changes since notification was introduced in 1919; in recent years most cases have been of the *Sh. sonnei* strain which has been generally mild with a low fatality rate. It is now accepted that the mode of spread of the infection is by direct and indirect contact with defective personal hygiene the prime cause, and symptomless excretors playing a minor role.

#### ENCEPHALITIS:

Cases of the disease are classified as 'post-infectious' if associated with or following infectious disease or smallpox vaccination; in cases where no such relationship is established the classification of 'infective' applies. In 1973 one case of the infective form was notified, a boy of 17 months who had viral encephalitis. Unfortunately the case was fatal. There was one post-infectious case, a man of 37 years in whom the diagnosis of encephalitis (mumps) was confirmed.

## ENTERIC FEVERS:

### *Typhoid Fever:*

Since 1941 when typhoid and paratyphoid fevers became separately notifiable the annual numbers of notifications has fluctuated within the range of nil to 27: in 1973 no case was confirmed.

West Riding school parties holidaying in the Mediterranean area and certain parts of Europe continue to be advised to be adequately vaccinated against typhoid and paratyphoid fevers. It is emphasised that vaccination does not replace the need for high standards of hygiene. The arrangements are now accepted practice and no incidents were reported.

### *Paratyphoid Fever:*

There was only one confirmed case, a 10 year old boy who had been on a family holiday in Spain. No other member of the family was ill and the vehicle of infection remains untraced.

## FOOD POISONING:

Recorded incidence of food poisoning is assessed from the statutorily notified cases and reports of medical officers of health on outbreaks and the associated investigations.

There were 109 incidents reported—105 notified cases and 4 ascertained—compared with 94 in 1972 and an annual average of 167 in the period 1968 to 1972. Summarised in the table in Appendix A are the major microbial causes analysed by type of incident.

There was no outbreak of any significance.

For the most part our food supply is beyond criticism or suspicion: marked progress has been made in the manufacture, preservation, storage, transportation and distribution, and food poisoning could be virtually eliminated by strict adherence to a rigid code of clean food handling supplemented by high standards of preparation techniques and kitchen hygiene.

## INFECTIVE JAUNDICE:

Of the total of 322 confirmed notifications 162 related to children aged 5-14 years. There was no major outbreak and, as in previous years, incidence was highest during the winter months.

Statutory notification of cases has enabled medical officers of health to investigate the epidemiology and incidence of the disease. There are still many obscure features of both components and various research projects are being undertaken in endeavours to unravel the epidemiological complexities. In recent years there has been a case fatality rate nationally of about one per cent. which emphasises the urgency of the production of a virocidal agent and/or an effective vaccine.



INFLUENZA:

The winter of 1972/73 was free of epidemic influenza and only localised outbreaks were reported during December, 1972, through to early 1973; there was no focal point of incidence. Generally the disease was clinically mild and was due to variants of virus A/England/42/72 with all age groups being affected.

MEASLES:

In 1973 there were 3,969 notifications of which 1,664 (41·9 per cent.) arose in the first quarter and 1,408 (35·5 per cent.) in the second. For the remainder of the year incidence was low. Of the total notifications 1,799 (45·3 per cent.) related to children under 5 years of age and 1,948 (49·1 per cent.) in the 5-9 years age group. There was no pronounced male excess.

Routine vaccination against measles is now generally an accepted procedure in a child's vaccination and immunisation programme. In view of the disquieting prevalence of the disease during the summer months there remains the need for vigorous campaigns to achieve a high acceptance rate of vaccination among susceptible children of all ages up to and including 15 years with particular attention being paid to vaccinating unprotected children before they attend nursery or primary school.

A review of the Authority's participation in the Medical Research Council's trials of measles vaccines which preceded the introduction of the national scheme of vaccination appears on page 63.

*Measles Vaccination:*

The number of persons who received vaccination against measles during the year was as follows:

Born in Year		
1973	2	(4)
1972	7,590	(10,617)
1971	8,550	(11,389)
1970	527	(703)
1966-69	531	(719)
1957-65	45	(60)
Total	17,245	(23,492)

*Rubella Vaccination:*

By Department of Health and Social Security Circular 11/70 of the 29th July, 1970, Local Health Authorities and Authorities exercising delegated health and welfare functions were asked as a matter of public policy to make arrangements under the provisions of Section 26 of the *National Health Service Act, 1946*, to offer vaccination against rubella to girls between their eleventh and fourteenth

birthdays but that initial priority should be given to those in their fourteenth year. The arrangements were to be brought into operation as soon as possible and general practitioners were to be invited to participate in the scheme and provided with the rubella vaccine they would require.

The Secretary of State recognised that the introduction of vaccination against rubella might cause unexpected additional expenditure by Local Authorities and for this reason he had decided to supply the vaccine required up to 31st March, 1971, free of charge to enable Authorities to offer vaccination to all girls aged 13 years. Local Authorities would be expected to purchase the vaccine needed after 31st March through normal commercial channels. Approval to the operation of the rubella vaccination scheme as from September, 1970, was given by the West Riding Health Committee. During the year 1973, 5,788 girls received vaccination.

In Circular 17/72 of the 27th March, 1972, the Department of Health and Social Security stated that the routine vaccination against rubella of women of child bearing age was not recommended by the Joint Committee on Vaccination and Immunisation but that vaccination might be given to women of child bearing age who requested it and were found to be seronegative, to women in the post-partum period found during their pregnancy to have been seronegative and to seronegative women at special risk either of acquiring rubella or of transmitting it to others. The latter include school teachers, nursery staff, nurses and female doctors in children's hospitals and obstetric and gynaecological units and the staff of antenatal clinics.

#### MENINGITIS:

Incidence was higher than in previous years; up to the 30th September, 57 cases had been confirmed compared with annual totals of 35 in 1972, 30 in 1971 and 55 in 1970. Acute meningitis is not a single disease entity and an analysis in terms of the infecting micro-organisms revealed that meningococcus was incriminated in 22 cases, other specified organisms in 13 and unspecified organisms 22.

Of the total notifications 32 were of children under 5 years of age and five in the 5-9 years age group. There was no focus of infection or traceable connection.

#### POLIOMYELITIS:

Following the notification of a single case of the non-paralytic form in 1972, it is pleasing that the County was again free from the disease.

Satisfactory progress towards elimination of the disease is being maintained nationally with incidence and mortality remaining low. That cases continue to arise clearly underlines the need to vaccinate children and persons at special risk if a recurrence of the disease is to be prevented.



### *Vaccination Against Poliomyelitis :*

At the year end the total number of persons who had received protection against poliomyelitis in the County, taking into account both Salk and Oral vaccine, was 952,769 (959,978).

### SCARLET FEVER:

Notifications totalled 580 compared with 683 in 1972 and an annual average of 786 during the quinquennium 1968 to 1972. Over a half of the notifications were of children in the 5-9 years age group. The seasonal distribution of cases conformed to the established pattern with incidence highest in the winter months. By far the majority of cases were mild and were nursed at home; no death was reported.

### SMALLPOX:

No case has been notified since 1962. Active eradication programmes in endemic areas are being continued and reported incidence throughout the world has declined. In 1971 this change of prevalence with a diminishing likelihood of the occurrence of outbreaks in this country prompted the Joint Committee on Vaccination and Immunisation to re-assess the balance of risk in the recommended schedule of vaccinations against the benefits derived. The Committee concluded that vaccination against the disease need not now be recommended as a routine procedure in early childhood; all travellers to and from areas of the world where smallpox is endemic or countries where eradication programmes are in progress should be protected by recent vaccination; and health service staff who come into contact with patients should be offered vaccination and re-vaccination. These conclusions were endorsed by the Secretary of State and were implemented by the Authority with consequential amendment of the vaccination and immunisation schedules.

### TETANUS:

Notification of the disease was introduced on 1st October, 1968, since when only one case, that in 1972 which unfortunately was fatal, has been reported. The necessity of carrying out prophylactic immunisation of all people and especially high risk groups such as children and those indulging in physical contact sports continues.

### *Tetanus Immunisation:*

The total number of children who completed a primary course of protection against tetanus during 1973 was 21,490 (28,770). A secondary or reinforcing injection was given to 31,853 (45,013) children.

### WHOOPING COUGH:

There was a further dramatic decrease in notifications from an annual average of 826 in the period 1967 to 1971 and 51 in 1972 to only 19 (20). The

majority of cases occurred in the first quarter with no focus of infection. The reduction in incidence was in accord with national experience and it seems likely that recent modifications in content and potency of the vaccines administered together with a higher vaccination rate have been largely responsible.

This can be a disturbing and potentially dangerous disease in early infancy and it is hoped that by effective vaccination we can reduce incidence to negligible proportions.

*Immunisation Against Whooping Cough:*

During the year 20,278 (27,079) children completed a full course of immunisation against whooping cough and since facilities were introduced in 1952 a total of 407,847 (414,648) have been immunised under the County scheme.



## **· VENEREAL AND SEXUALLY TRANSMISSIBLE DISEASES**

The statistical return form as used previously was again used at special clinics. This report is based on actual figures for the first three quarters of the year and no estimates have been made of the provisional annual totals.

### **Syphilis:**

The number of new cases of all types reported was 19 during this period. There were no cases of infectious syphilis seen at the Wakefield and Dewsbury clinics and no cases of congenital syphilis in infants under one year occurred anywhere in the West Riding Area. The decline in the number of cases of syphilis still continues.

### **Gonorrhœa:**

The number of new cases in the nine months under consideration was 603 compared with 641 in the whole of the previous year; of these 364 were males and 239 females.

### **Other Genital Infections:**

This group of diseases makes up the vast majority of cases seen at clinics. The four commonest conditions seen, are, non-specific genital infection, candidiasis, trichomoniasis and genital warts. Non-specific genital infection is a very prevalent and often difficult condition to treat satisfactorily.

### **Other Conditions:**

This group included other conditions requiring treatment and conditions not requiring treatment. This latter group included babies for pre-adoption examination and serology and also other persons, uninfected, who had been exposed to possible infection with venereal or sexually transmissible disease.

The total number of West Riding Administrative County residents attending the 16 special clinics was 3,889 up to 30th September, compared with 4,693 in the previous year. Some cases of course are treated elsewhere and we have no knowledge about these persons.

### **Contact Tracing:**

The effective work of the four V.D. social workers employed by the West Riding County Council has continued. The majority of patients found to have venereal and sexually transmissible diseases at special clinics are given contact slips to give the contact or contacts. In this way the patient may be able to get contacts primary (source of infection) and secondary (contact after infection) to attend the clinic for examination. The social workers endeavour to find and persuade primary contacts to attend for examination. In many cases these persons are unaware that they have any disease and are thus acting as reservoir of infection.

In conclusion the writer is most grateful to those consultant venereologists and their staffs who co-operate in supplying statistical details of West Riding cases and also to the V.D. social workers for their valuable help. In the final year of the West Riding Health Department the work of the staff at the central office, County Hall, with whom we have had so many years of amicable intercommunication is indeed much appreciated.



## RESEARCH PROJECTS

### Survey of Childhood Cancers:

The department's participation in the national surveys of childhood cancers conducted by Dr. Alice Stewart of the Department of Social Medicine at Oxford University and, since 1971, by the Marie Curie Memorial Foundation, has continued. The surveys have included the study of cancer ætiology in children who have died recently from malignant diseases also a control group of children selected from the general population.

Although the work undertaken by the medical staff is very time consuming, the findings to date indicate that the effort involved is amply justified and various leads have suggested fields for further research. The work of analysis continues and current points of interest are the relationship between viral infections in pregnancy and subsequent malignant diseases of the child, and a study of the occurrence of malignancy among siblings.

The present survey entails the investigation of deaths in the period 1961-71 and at the year-end, of the 363 deaths relating to the Administrative County, enquiries into 304 and their age/sex paired controls had been completed.

### Measles Vaccine Trial:

The follow-up of children in the Medical Research Council's Measles Vaccines Committee survey is still being undertaken.

In the autumn of 1964 the Authority agreed to take part in a large-scale trial which was designed to assess the value of the vaccines for general use which necessitated a study of the degree and frequency of reactions following vaccination, also the extent and duration of protection afforded.

During October/November, 1964, and September/October, 1965, 3,510 children in the susceptible age group of 10 months to 2 years, resident in certain areas of the Administrative County whose parents had voluntarily agreed to them taking part in the trial were vaccinated with killed vaccine, followed four weeks later with a dose of live vaccine. The children were followed-up by health visitors three weeks after vaccination to assess any reactions to the vaccines and at three, six and nine months to ascertain the incidence of measles. Subsequent annual postal follow-ups have been undertaken and visits by health visitors where appropriate.

The Committee's reports have confirmed initial conclusions that there is a high protective efficiency and attacks of measles contracted in vaccinated children were usually milder and required less medical attention than in those who were unprotected. This is very satisfactory, with vaccine efficiency undiminished at better than 90 per cent. after three expected epidemics of measles; the children, however, will continue to be followed-up to determine whether the immunity conferred is life-long or if booster doses should be given and, if so, the optimum age for their administration.





## **PART II**

### **CO-OPERATION IN THE HEALTH SERVICE**

#### **DIVISIONAL ADMINISTRATION**

**See also Table 34 of Appendix A**

For 1973 actual figures are quoted for the nine months ended 30th September and, where possible, an estimate for the full year also is given in brackets.

## CO-OPERATION IN THE HEALTH SERVICE

### Co-operation with General Practitioners:

#### STANDING SUB-COMMITTEE ON CO-OPERATION:

This committee met on three occasions during the year and discussed the following items:

##### January

Employment Medical Advisory Service.  
Family Planning.  
Provision of Wheel Chairs and Powered Vehicles to Disabled Persons.  
Ambulance Request Form and Authorisation of Priorities and Vehicles.  
Maximum Intervals in Relation to Immunisation.  
Services for Mental Illness Related to Old Age—Circular E.C.L. 124/72.

##### July

Future of the Standing Sub-Committee.  
Reorganisation and Community Medicine.  
Cervical Cytology.  
Psychiatric Nursing in the Community.  
Admission to Part III Homes—Medical Criteria.  
Health Centres.

##### October

Care of Persons Attending Hospital for Surgical Procedures as Day Patients.  
Rubella Vaccination.  
Employment of Children Act, 1973.  
Cardiac Ambulance Provision.  
Family Planning.  
Adoption Regulations.  
Future of the West Riding Computer Applications.

#### PREMISES FOR JOINT USE:

At the time of writing, 119 practices comprising 314 general practitioners are being provided with main or branch surgery accommodation in 85 health centres and clinics.

New buildings completed during the year were:

'F'type health centres						Date of Completion
Oulton	...	...	...	...	...	18th May
Drighlington	...	...	...	...	...	26th June
Steeton	...	...	...	...	...	24th July
Dalton	...	...	...	...	...	21st November
Health centre—special design						
Thorne	...	...	...	...	...	25th September
Clinic						
Chapeltown	...	...	...	...	...	13th July



GENERAL PRACTITIONERS IN MATERNITY AND CHILD WELFARE WORK:

The participation of general practitioners by sessional employment with the County Council is indicated in the tables below:

Infant Welfare Clinics				Total Doctors' Sessions	General Practitioners' Sessions	Percentage of sessions done by General Practitioners
1964	...	...	...	12,492	5,496	44
1965	...	...	...	11,761	5,844	49
1966	...	...	...	11,678	6,711	57
1967	...	...	...	11,307	6,679	59
1968	...	...	...	10,762	6,285	58
1969	...	...	...	10,187	5,930	58
1970	...	...	...	10,210	6,641	65
1971	...	...	...	9,545	6,254	65
1972	...	...	...	8,972	5,506	61
1973	...	...	...	6,307 (8,409)	3,975 (5,300)	63

Ante and Postnatal Clinics				Total Doctors' Sessions	General Practitioners' Sessions	Percentage of sessions done by General Practitioners
1964	...	...	...	3,011	1,267	42
1965	...	...	...	2,751	1,122	41
1966	...	...	...	2,398	1,123	47
1967	...	...	...	1,920	920	48
1968	...	...	...	1,787	893	50
1969	...	...	...	1,367	776	57
1970	...	...	...	1,078	644	59
1971	...	...	...	989	559	56
1972	...	...	...	821	421	51
1973	...	...	...	472 (632)	303 (407)	64

FACILITIES OFFERED TO GENERAL PRACTITIONERS:

Rent-free Infant Welfare Sessions conducted in County Health Centres and Clinics by General Practitioners for their own patients with the Health Visitor in attendance

				Sessions	No. of General Practitioners involved
1964	...	...	...	Nil	—
1965	...	...	...	46	5
1966	...	...	...	58	6
1967	...	...	...	50	2
1968	...	...	...	147	11
1969	...	...	...	294	21
1970	...	...	...	453	36
1971	...	...	...	573	40
1972	...	...	...	684	49
1973	...	...	...	575 (766)	54

Rent-free Antenatal Sessions conducted in County Health Centres and Clinics  
by General Practitioners for their own patients

				Sessions	No. of Practices involved
1964	...	...	...	902	25
1965	...	...	...	1,456	36
1966	...	...	...	1,643	43
1967	...	...	...	1,927	51
1968	...	...	...	2,159	53
1969	...	...	...	2,381	57
1970	...	...	...	2,365	59
1971	...	...	...	2,849	64
1972	...	...	...	3,446	72
1973	...	...	...	2,864 (3,818)	74

Midwives attending Antenatal Patients in General Practitioners' surgeries  
(outside clinics)

				Sessions attended	Midwives involved
1964	...	...	...	1,945	67
1965	...	...	...	1,905	85
1966	...	...	...	3,600	105
1967	...	...	...	3,458	91
1968	...	...	...	4,380	104
1969	...	...	...	4,816	115
1970	...	...	...	4,668	120
1971	...	...	...	4,308	117
1972	...	...	...	5,747	129
1973	...	...	...	4,702 (6,269)	121

STAFF ATTACHMENTS: Health Visitors

At 30th September	No. attached	No. of Practices	No. of General Practitioners
1964	68	88	185
1965	128	163	355
1966	140	169	377
1967	153	202	416
1968	209	251	514
1969	205	259	550
1970	216	241	549
1971	215	248	554
1972	254	281	644
1973	272	291	695



## Home Nurses

At 30th September	No. attached	No. of Practices	No. of General Practitioners
1964	33	51	110
1965	47	71	156
1966	70	99	233
1967	115	165	358
1968	196	249	541
1969	214	263	598
1970	215	266	601
1971	247	296	660
1972	250	295	699
1973	274	303	712

## Midwives

At 30th September	No. attached	No. of Practices	No. of General Practitioners
1964	27	38	70
1965	43	47	106
1966	45	51	119
1967	49	54	119
1968	49	63	153
1969	49	64	148
1970	52	72	168
1971	46	64	151
1972	51	72	184
1973	52	75	187

### BULLETIN FOR GENERAL PRACTITIONERS:

*Health Notes* and the complementary *Divisional Medical Officer's Newsletter* continued to be issued quarterly during the year, but due to the demise of the West Riding County Council the last issue of this publication was November, 1973.

### Co-operation with Hospitals:

#### MATERNITY LIAISON COMMITTEES:

Meetings were held in Barnsley, Dewsbury, Doncaster, Halifax, Huddersfield, Keighley, Pontefract, Rotherham, Wakefield and York. Items discussed included Family Planning, Integration of Hospital and Midwifery Services, Training of Ambulance Staff, Misuse of Drugs, General Practitioner Units, Rubella Vaccination, Chest Radiography for Antenatal patients and the screening process for choriocarcinoma and phenylketonuria.

## SERVICE FOR THE MENTALLY HANDICAPPED:

Meetings with representatives of the Leeds and Sheffield Regional Hospitals Boards continued. The object of these meetings was joint discussion on planned provision for the mentally handicapped as envisaged by the Command Paper 4683—*Better Services for the Mentally Handicapped*.

## Co-operation with Other Services:

The joint meetings with representatives of the Health and Social Services Department continued, with two Co-ordinating Groups—one dealing with matters affecting adults and the other with matters affecting children. The groups have continued to meet at approximately six monthly intervals and a large range of subjects has been covered.



## DIVISIONAL ADMINISTRATION

The divisional scheme of administration in the County was set up in 1947 and at that time consisted of 31 divisional areas. There are now 19 divisions due to a number of amalgamations.

The following changes have taken place in the divisional senior staff:

### *Divisional Nursing Officers*

Division No. 4 (Shipley)	Miss H. J. Watts resigned 1st April, 1973. Mrs. M. P. McQuaid appointed 3rd September, 1973.
Division No. 25 (Barnsley)	Miss M. E. Pilling resigned 23rd September, 1973. Miss M. Sorby appointed 1st November, 1973.
Division No. 31 (Rotherham)	Mrs. A. Brooks retired 2nd December, 1973.

### *Divisional Administrative Officers*

Division No. 7 (Harrogate)	Mr. G. W. N. Graham died 6th February, 1973. Mr. K. A. Knowles Divisional Administrative Officer, Skipton also acts as Divisional Administrative Officer, Harrogate as from 1st March, 1973.
Division No. 9 (Rothwell/ Wetherby)	Mr. F. H. Atack retired 15th June, 1973. (now part-time). Mr. S. Hobson appointed 1st July, 1973.
Division No. 11 (Castleford/ Pontefract)	Mr. W. Carver resigned 30th November, 1973. Mr. C. R. Pickering appointed 1st December, 1973.
Division No. 15 (Cleckheaton)	Mr. P. Marshall died 3rd May, 1973. Mr. D. Anthony appointed 4th May, 1973.

A list of senior staff and other details concerning each division is given in Appendix A.

The co-ordination of the work of the divisions is undertaken through the work of the Divisional Medical Officers' Conference which meets every month other than August. All major policy and its implementation is discussed at these meetings to ensure that all senior staff may make an appropriate contribution to the consideration of policy and in addition all those problems which arise in divisions are also discussed for clarification and further action.





## **PART III**

### **LOCAL HEALTH SERVICES**

#### **Care of Mothers and Young Children**

##### **Midwifery**

##### **Health Visiting**

##### **Home Nursing**

##### **Ambulance**

#### **Prevention of Illness, Care and After-Care**

##### **Health Education**

##### **Renal Dialysis**

**See also Tables 35 to 49 of Appendix A**

For 1973 actual figures are quoted for the nine months ended 30th September and, where possible, an estimate for the full year also is given in brackets.

## **CARE OF MOTHERS AND YOUNG CHILDREN**

### **Dental Treatment of Expectant and Nursing Mothers and Children under Five:**

The Chief Dental Officer reports:

The number of expectant and nursing mothers presenting for dental examination at County Clinics during the year was only 189—a reduction of 107 on the previous year. The need for a priority service for these patients has almost disappeared with the ready availability of treatment for them in general practice under the National Health Service.

After reporting successive increases in the number of pre-school children inspected in 1971 and 1972, it is disappointing to have to record a reduction in 1973.

Ten years have elapsed since a general approval for fluoridation of water supplies was given by the Minister of Health, yet some 90 per cent. of the population is still without this simple preventive measure which would largely solve the problem of dental decay in the pre-school child.

### **Developmental Screening of Pre-School Children:**

The number of children included in the scheme for the developmental screening of pre-school children continued to increase in 1973; but the proportion of children referred by the health visitors to the local health authority doctors remained at between 2-3 per cent. as in previous years. Figures for the three years in which routine screening has been carried out suggest that approximately one-third of the children referred by the health visitors do not need to be seen again by a doctor, one-third require observation by a local health authority doctor and one-third require treatment or referral for a specialist's opinion.

Repetition of the test for congenital dislocation of the hip at the time of the three month screening tests has resulted in the health visitors finding 'missed' cases before the child starts to walk and, in the first nine months of 1973, only four cases of congenital dislocation of the hip were diagnosed where the child was over 10 months of age. An increasing number of children are being referred for the treatment of squints (711 in 1971; 1,491 in 1972; 1,020 in the first nine months of 1973) or for visual defects in the pre-school period.

These results from the first three years of the scheme for routine developmental screening of all pre-school children support the view that a comprehensive screening programme is necessary if as many defects as possible are to be discovered and the appropriate treatment or help provided before the child enters school. It is unfortunate that, with reorganisation of the health services, it will not be possible to complete a five-year evaluation of the screening programme and discover what effect it has on the standard of health of children at the time of their school entrance medical.



**Congenital Abnormalities:**

Under the national scheme for the registration of congenital abnormalities apparent at birth 374 babies with a total of 469 abnormalities were recorded on the notification of birth form during the nine months ended 30th September. The number of births notified was 19,817 giving a percentage of 1.89 babies with one or more congenital defects.

**Welfare Foods:**

At 30th September, there were 248 distribution centres in the County for the issue of welfare foods, of which 196 were health or child welfare centres.

**THE COUNTY NURSING SERVICE**

During 1973, Miss M. J. Astin, Non-Medical Supervisor of Midwives, died. Miss H. J. Watts, Divisional Nursing Officer, Shipley, was promoted to Principal Nursing Officer, Cheshire County Council; Miss M. E. Pilling, Divisional Nursing Officer, Barnsley, was appointed Lecturer, Lancaster College of Further Education; and, in December, Mrs. A. Brooks, Divisional Nursing Officer, retired from the Rotherham Division. Mrs. M. P. McQuaid, Miss M. Sorby, and Mrs. D. M. Sickler were appointed Divisional Nursing Officers to Shipley, Barnsley, and Rotherham respectively. Miss M. G. Atkinson, Director of Nursing Services, was appointed Area Nursing Officer for the Sheffield Area Health Authority (Teaching) in November.

The last ‘nursing year’ of County history has been marked by advances in training in home nursing, midwifery and health visiting fields.

The Grantley Hall Courses were organised to cater for all groups of staff at each course and this arrangement was helpful. With the help of three Colleges of Further Education, field staff were enabled to attend for evening courses on ‘Management Appreciation.’

Nursing Officers have been involved in committees and working groups related to Reorganisation of the Health Service and one Divisional Nursing Officer also took part in field trials related to reorganisation planning.

**DOMICILIARY MIDWIFERY**

Staff Allocation:—185, and 9 nursing officers.  
In post 30th September, 1973:

Nursing officers, midwifery	...	...	...	...	9
Nursing officers, home nursing/midwifery	...	...	...	...	4
Whole-time midwives	...	...	...	...	145
Part-time midwives	...	...	...	...	12
Whole-time home nurse/midwives	...	...	...	...	33
Part-time home nurse/midwife	...	...	...	...	1
					<hr/>
					204
					<hr/>
Whole-time equivalent	...	...	...	...	178.75

Changes of staff included:

Appointments—Nursing officers	...	...	...	...	4
Midwives and home nurse/midwives	...	...	...	...	17
Resignations	...	...	...	...	11
Retirements	...	...	...	...	6
Transfers to other services	...	...	...	...	2

In-Service Training:

Forty-six midwives attended statutory refresher courses outside the County and 35 attended at Grantley Hall.

Attachment to General Practice:

Although attachment of midwives to general practice is very much on a part-time basis because of numerical differences, valuable links are formed during antenatal sessions. It is hoped that such links will be maintained in the integrated service.

Emergency Obstetric Units:

There were 19 calls on this service during the first nine months of the year.

Cars:

One-hundred and eighty five midwives used cars for their work, 22 of which were provided by the Authority.

Midwifery Training:

County staff are now involved with training schemes in the Doncaster, Wakefield, Dewsbury, Leeds, Pontefract, and Barnsley areas (formerly Doncaster and York only).

HEALTH VISITING

Staff Allocation:—443 and 24 nursing officers.

In post 30th September, 1973:

Nursing officers	...	...	...	...	21
Qualified health visitors—whole-time	...	...	...	...	276
Qualified health visitors—part-time	...	...	...	...	27
Assistants to health visitor—whole-time	...	...	...	...	71
Assistants to health visitor—part-time	...	...	...	...	77
Tuberculosis visitor—whole-time	...	...	...	...	—
					472
Whole-time equivalent	...	...	...	...	420



**Changes of staff included:**

Appointments—Nursing officers	...	...	4
Qualified health visitors	...	...	36
Assistants to health visitor	...	...	31
Resignations—Nursing officers	...	...	3
Qualified health visitors	...	...	18
Assistants to health visitor	...	...	11
Retirements	...	...	12
Transfers to other services	...	...	8
Transfers to health visitor training	...	...	7

**Attachment to General Practice:**

The position is shown on page 68.

**In-Service Training:**

Twenty-nine health visitors attended courses outside the County and 68 health visitors and assistants to health visitors attended at Grantley Hall.

Ninety-one S.R.N. Assistants to Health Visitors have attended courses designed to fit them to undertake the full range of school duties, and to visit the elderly with deeper awareness of hearing and other problems.

**Health Visitor Training:**

Thirty students qualified in 1972/73. Thirty-two students commenced training in October, 1973.

Eight health visitors commenced training in fieldwork instruction of health visitor students.

**Cars:**

Four hundred and forty seven health visitors and assistants used cars for their work, three of which were provided by the Authority.

**Statistics:**

Estimated figures for the year suggest that more home visits have been paid, especially to the age groups over 15 years, without reducing time spent on developmental assessments of young children. More time has also been spent conferring with medical and social work colleagues.

## HOME NURSING

Staff Allocation:—370 and 19 nursing officers.

In post 30th September, 1973:

Nursing officers	...	...	...	...	19
Home nursing sisters, S.R.N.—whole-time	...				265
Home nursing sisters, S.R.N.—part-time	...				49
Home nurse/midwives—whole-time	...	...			33
Home nurses, S.E.N.—whole-time	...	...			41
Home nurse, S.E.N.—part-time	...	...			1
Home nurse/midwife—part-time	...	...			1
					<hr/> 409 <hr/>
Whole-time equivalent	...	...	...	...	364.75

Changes of staff included:

Appointments—Nursing officers	...	...	...	4
Home nurses	...	...	...	82
Resignations—Nursing officers	...	...	...	2
Home nurses	...	...	...	35
Retirements	...	...	...	5
Transfers to other services	...	...	...	5

### Attachment to General Practice:

The position is shown on page 69.

### In-Service Training:

Fifty-seven County staff attended at Grantley Hall.

Eight study afternoons were held for the teaching home nursing sisters (practical work instructors). Lectures, discussions and project work were included in the programme.

### Training:

Twelve S.R.N. and eight S.E.N. students gained their National Certificates. A further 15 S.R.N's are in training at the time of writing.

### Cars:

Four hundred and four home nursing sisters used cars for their work and 69 of these were provided by the Authority.

### Statistics:

These are given in Table 43 of Appendix A.



It is of interest to note that the number of younger patients has increased considerably since home nursing sisters' services became available in health centres, surgeries and clinics, as well as homes. The national and local situation for many years has been that far more than half the total patients were aged 65 years or over. In 1972, the County trend toward more younger patients was discernible—43 per cent. over 65 years, 52·4 per cent. between 5-64 years. Figures relating to the first nine months of 1973 confirm this trend—41 per cent. over 65 years, 54·1 per cent. between 5-64 years. The actual numbers of elderly patients seen have still increased.

### Day and Night Nursing Service:

This service, whilst retaining its objective of providing temporary care day or night in cases of terminal illness, or in emergency for a few nights prior to hospital admission, or for relief of the strain of a long illness on relatives of a patient, has been much more widely used this year, reflecting the trend toward 24 hour nursing cover.

During 1973, 747 (900) patients were provided with 44,015 (58,686) hours of service.

## AMBULANCE SERVICE

### Reorganisation of the National Health Service:

Under the proposed reorganisation, Ambulance Services will be provided at Regional and Area Health Authority levels only. The Regional Ambulance Officer will be accountable to the Regional Administrator and, in those Regions which include a Metropolitan County, the Chief Metropolitan Ambulance Officer will be responsible to the Regional Ambulance Officer. In Areas outside the Metropolitan Counties, the Chief Ambulance Officer will be responsible to the Area Administrator.

The present West Riding County Ambulance Service will be divided up on the 1st April, 1974, as follows:

- |   |  |
|---|--|
| <p><i>West Yorkshire Metropolitan County:</i> — Headquarters, Workshops.<br/>(Ambulance Service provided by — Stations at: Bramham, Brighouse,<br/>the Yorkshire Regional Health Castleford, Gildersome,<br/>Authority) Honley, Keighley,<br/>Menston, Pudsey,<br/>Shipley, South Kirkby,<br/>Todmorden, Wakefield.</p> |  |
| <p><i>South Yorkshire Metropolitan County:</i> — Stations at: Bentley, Hoyland,<br/>(Ambulance Service provided by Maltby, Penistone,<br/>the Trent Regional Health Thorne, Wath.<br/>Authority)</p>  |  |



*North Yorkshire Area Health Authority:*— Stations at: Grassington, Harrogate, Pateley Bridge, Ripon (Agency), Selby (Agency), Settle, Sherburn, Skipton.

*Lancashire Area Health Authority:* — Barnoldswick Station.

*Cumbria Area Health Authority:* — Sedbergh Station.

*Humberside Area Health Authority:* — Goole Station.

Several Senior Officers of the Service have been engaged throughout the year on Liaison Committees and Working Parties concerned with making recommendations as to the organisation of the new Ambulance Services.

### **Industrial Action:**

Militant action by driving staff has continued to affect the Service throughout the year. In the early part of the year there were three relatively minor disputes. The first affected South Yorkshire Stations where vehicle cleaning was banned but following withdrawal of the £2 bonus, full operational working was quickly resumed. The second incident followed the dismissal of a driver by the Ambulance Disciplinary Sub-Committee and affected three stations for approximately one week. The third incident, relating to the May Day Strike, only received slight support in the South.

A major confrontation developed in June concerning the cleaning of vehicles, when certain of the staff intimated that on those stations with a vehicle establishment in excess of seven, they were only prepared to clean the interior of one vehicle per day. The men finally returned to normal operational duties on the assurance that bonus lost would be repaid, that discussions would commence between the Union and Ambulance Service on the total elimination of cleaning duties from the Ambulanceman's Conditions of Service and that the four major stations concerned would continue to clean one vehicle per day until adjudication could be obtained from the Disputes Committee of the Provincial Council. Later, the Disputes Committee upheld the Service practice as reasonable, particularly on medical grounds.

The year closed with a further major confrontation when in November, the whole Service was for the first time involved in a ban on conveyance of all patients except accidents and emergencies. The dispute arose from a wages problem which was national rather than local and involved many other Ambulance Authorities. This situation existed for a period of four weeks with officer crews transporting those 'essential' cases which the ambulancemen rejected. As a result of further demands made by the Strike Committee which the County Council could not accede to in that they would jeopardise the Emergency Service some two-thirds of the driving staff completely withdrew their labour. This action was anticipated and a previously planned emergency service was immediately introduced, based on the support of all officers and Headquarters staff.



**Training School:**

The Training School again operated at full capacity for 46 weeks during the year, catering for six weeks basic and two weeks refresher courses. Due to the increase in establishment and the backlog of places required, priority was given to the basic courses.

Student intake apart from our Service came from 18 other Ambulance Services. The following courses were held:

<i>Type of Course</i>	<i>No. of Courses</i>	<i>W. R. Trainees</i>	<i>Other Authorities</i>	<i>Total</i>
6 wks. Basic Course	7	61	111	172
2 wks. Refresher Course	2	16	32	48
<hr/>				
	9 (46 wks.)	77	143	220
<hr/>				

**In-Hospital Training:**

Training continued at the seven hospitals shown below and the overall total of men who have now undergone in-hospital training is 295:

Halifax R.I.	Rotherham Hospital
Huddersfield R.I.	Pinderfields/Clayton Hospitals
Doncaster R.I.	Airedale Hospital
Pontefract G.I.	

No further hospitals have been brought into the scheme during 1973 because, due to staff shortage and union disputes, it was not possible to extend the programme further.

**Officer Training:**

The policy of sending Officers at various levels on management courses has been continued during the year. Details are as follows:

<i>Type of Course</i>	<i>Organised by</i>	<i>Rank of Person(s) Attending</i>	<i>Number</i>
Basic Foremen & Supervisors	Yorkshire Provincial Council	Shift Leaders	9
Advanced Foremen & Supervisors	ditto	ditto	6
Basic Management Course	Cheshire C.C.	ditto	4
Middle Management Course	Leeds Polytechnic	Divisional Officers	2
ditto	ditto	Maintenance Supplies Officer	1
ditto	Whitwood College	Deputy Finance Officer	1
D.H.S.S. Management Development Course	Birmingham University	Assistant Ambulance Officer	1
ditto	York University	Deputy County Ambulance Officer	1

The Ambulance Service Advisory Committee recommendation that Officer training within the Ambulance Service at basic and middle level should be carried out at Ambulance Training Centres has not yet been implemented. Syllabuses have been drawn up and courses have been planned on the 1974/75 programme.

### New Training Centre:

Work is now almost completed on the new training centre, the former Nurses' Home in Cartmel Road, Keighley, and it is anticipated that this will be commissioned in January, 1974. All staff will be appointed by January 7th and the first course is planned to start on the 11th February.

With the increase in student places, it is anticipated that the backlog of places required on basic courses can be eliminated in the first six months and to this end, priority will be given to this type of course. From that point, the training centre will be able to meet the continued demand for this type of course and in addition, will cater for the following courses:

Driver Training	Control
Basic Management	Instructor
Middle Management	Refresher

### In-Service Training:

In-service training, under the Area Training Officers, who have completed their first 12 months of duty, is now a well established practice in the great majority of stations and all new entrants to the Service have, at this date, already completed an Induction Training Course.

### Drugs, Overdoses, Poison Cases etc. 1973:

Reports on the cases conveyed as suffering from drug overdoses and poisoning of various other kinds were maintained for 1973 in the same manner as reported for 1972 and the following statistics showed:

Total number of patients carried:	864	(1,151)
Drugs, medicines, tablets etc.	666	( 888)
Household goods, bleach, disinfectants etc.	30	( 40)
Alcohol/drug combination	43	( 57)
Gas	1	( 1)
Cause unknown	124	( 165)
	864	(1,151)



The most common drugs used were the same as last year, namely, Mandrax, Mogadon and Tuinal, with Aspirin a close fourth.

Five cases were dead on arrival at hospital. Children were mostly concerned in the 30 cases shown under 'household goods.'

### **Competitions:**

The Service Annual Inter-Station Competition was held in May, resulting in the team from Skipton and the driver from Control representing the West Riding in the Regional Competition held at Grimsby in June.

Both the team and the driver gained second place in their respective competitions and combined they were the overall winners, thus winning the 'Victor Ludorum Trophy.'

### **Building Programme:**

#### **BARNOLDSWICK AMBULANCE STATION:**

The proposal to replace the existing Ambulance Station by modern premises on a site in Brogden View has been held up due to the large amount by which tenders received exceeded the estimated cost of this work. The Ambulance Sub-Committee at their meeting in October authorised the County Architect to re-invite tenders but progress has again been delayed by the subsequent restrictions imposed by the Government on the letting of new contracts.

#### **SOUTH KIRKBY AMBULANCE STATION:**

The major extension of this station by the provision of seven additional ambulance bays, a separate vehicle wash with washing machine and an extension to the staff accommodation was completed in July.

#### **HOYLAND AMBULANCE STATION:**

The additional accommodation being provided at Platts Common, Hoyland, is now almost completed. The new kitchen, store and sluice rooms and the extended mess and locker rooms were taken over from the contractor in September and are now occupied. Completion of the five-bay garage, wash bay with washing machine, forecourt and car park is still awaited.

#### **PATELEY BRIDGE AMBULANCE SUB-STATION:**

Following the termination of the agency arrangements with the Pateley Bridge St. John Ambulance Brigade and the inauguration of a directly-provided service in December, 1972, a plot of land adjoining the present rented staff accommodation has been appropriated from the Highways Committee for ambulance purposes and the County Architect has been authorised to proceed with the erection of a two-bay garage. Planning permission has caused considerable delay but an acceptable tender is now being sought.

## KEIGHLEY TRAINING CENTRE:

As stated in the Training Section of this Report, work has progressed throughout the year on the conversion of the former Nurses' Home in Cartmel Road, Keighley, into a new Ambulance Training Centre to replace the present premises at Elm Bank, Cleckheaton, which are no longer adequate for this purpose. In view of the reorganisation of the National Health Service, the premises have been leased from the Department of Health and Social Security until the 31st March, 1974, and the tender, in the sum of £90,976.83 of Thompson & Co. (Great Horton) Ltd. for adaptation was accepted. The new accommodation, which is expected to be completed in January, 1974, will provide for more than twice the student places at present available. Each student will have a separate bedroom and there will be full catering facilities, garage for training vehicles and a large car park.

## SITES FOR NEW AMBULANCE STATIONS:

Despite exhaustive searches in the Boroughs of Harrogate and Keighley for suitable sites for the erection of major purpose-built Ambulance Stations, all efforts so far have proved unsuccessful. The Department of Health and Social Security indicated that loan sanction for the Harrogate project might be available in the current financial year, but in view of the failure to find a suitable site, has agreed to include this scheme in the list for 1974/75.

Enquiries in Thorne and Anston have, however, been more successful and negotiations are now proceeding for the purchase of sites in Union Road, Thorne and Ryton Road, South Anston. It is hoped that progress will be made in 1974 with the erection of these two sub-stations.

## Vehicles:

The fleet replacement programme for 1973/74 consists of 41 Ford Transit Hanlon-bodied dual-purpose ambulances and 5 BLMC 1800 cars. Delivery of the completed ambulances commenced in November and it is expected that the contract will be completed in January, 1974. Delivery of the five cars is forecast for the following month.

Two Bedford C.F. Lomas-bodied dual-purpose ambulances were introduced into the Service this year and their performance and suitability is being noted.

Five Ford Transit sitting case vehicles with special modifications were also brought into service in August.

An ambulance and an 1800 c.c car have been converted to operate on liquid Propane gas and their performance is being carefully assessed.



## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Health Education:

Health education is fundamental to the work of preventive medicine. The aim is to encourage and sustain a healthy way of life. All, from birth to old age, can benefit from continuous education and re-appraisal of their attitudes towards health. One of the most important aspects of the health educator's work is to help the individual to develop the capacity to think critically about health needs in relation to himself and a constantly changing environment. Health staff must therefore utilize every learning experience which can contribute to this end whether the opportunity presents in the home, school, work environment, hospital or elsewhere. But in the end it is the person himself who makes the vital decisions about his health.

An analysis of the work undertaken in schools by health department staff showed an increase over the year. The personnel involved included local health authority doctors, midwives and district nursing sisters, but it will be seen that health visitors carried the heaviest load. Teaching sessions were undertaken in special schools for the educationally subnormal. The frequency and amount of health education undertaken in schools varied and was determined by the needs of the school and the availability of the health department staff, but probably more important, by the enthusiasm of the class teacher and health visitor.

Health education activities in the health centres and other health authority premises increased. The reasons for this are both numerous and complex but are undoubtedly affected by the following factors: (a) improved facilities provided by modern health centres; (b) increasing interest in health education by specialised groups attending clinics; (c) the interest in weight control; (d) the awareness of the importance of child development; (e) the availability of display materials and the stimulation and interest this provides.

### IN-SERVICE TRAINING:

The following courses were arranged during the year to promote interest and increase the skill of the field staff:

1. Grantley Hall residential course—*Group Dynamics*: this dealt specifically with human behaviour and attitudes. Emphasis of this course was on learning from immediate experience based on practical exercise and group assignments.
2. Day release course of eight weeks—*Principles and the Art of Teaching*. Held at the Institute of Further Education, Ossett, and based on the Yorkshire Council Course for part-time teachers. Mr. R. W. Birch, Principal, Gaskell and Staincross Institute of Further Education, was responsible for the course. The demand from field staff was such that a further course was organised and one more will be arranged early in 1974.

**VISUAL AIDS:**

The increasing demand for exhibition materials and equipment, films and other visual aids covering a wide range of subjects continues. The unit's exhibitions were displayed at 164 venues for a total of 1,178 days. Support for field workers and individual help was provided by the staff of the Health Education Unit.

**Renal Dialysis:**

**ADAPTATIONS TO PATIENTS' HOMES:**

At 30th September, 1973, 82 cases had been referred to the West Riding County Council by the hospital authorities since the inception of the scheme.

Forty nine patients had been referred by the St. James's Hospital, Leeds (29 males, 20 females), 29 patients by the Lodge Moor Hospital, Sheffield (22 males, 7 females), 2 patients by the Withington Hospital, Manchester (1 male and 1 female), and 2 patients by the Hull Royal Infirmary (1 male and 1 female).

The 82 cases may be categorised as follows:

Died prior to starting adaptations	...	...	...	...	...	6
Transplant prior to starting adaptations	...	...	...	...	...	3
Not suitable for home dialysis	...	...	...	...	...	4
Patients undergoing home dialysis	...	...	...	...	...	47
Adaptations in progress	...	...	...	...	...	7
Transplant after adaptations had been completed	...	...	...	...	...	6
Died after adaptations had been completed	...	...	...	...	...	9
						<hr/> 82 <hr/>

Of the 47 patients undergoing home dialysis treatment, there are seven patients whose homes were not suitable for adaptation for dialysis purposes. Two of these were provided with a 'Portakabin' and the remaining five with demountable portable units. One other patient, who is in the transitional phase after a recent kidney transplant, still has a 'Portakabin'.



## **PART IV**

### **ENVIRONMENTAL HYGIENE**

**Food and Drugs**

**Sanitary Circumstances**

**See also Tables 50 to 57 of Appendix A and Appendix B**

For 1973 actual figures are quoted for the nine months ended 30th September and, where possible, an estimate for the full year also is given in brackets.

## ENVIRONMENTAL HYGIENE

### **Food and Drugs Act, 1955:**

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1963:

THE MILK (SPECIAL DESIGNATION) (AMENDMENT) REGULATIONS, 1965:

#### *Licensed Dealers:*

The number of dealers has increased slightly in the past year and there has been a 30 per cent. increase in those selling ultra heat treated milk as a choice of designation.

During the year there has been a slight improvement in the number of dealers using vehicles giving adequate protection against the weather, but the standard attained still leaves much to be desired.

#### *Processing Plants:*

Two new pasteurising plants came into operation during the year. Satisfactory conditions and procedures were obtained at one from the word go and after the staff at the other became fully conversant with its working, this too operated satisfactorily; some minor items of structural work still remain to be completed at this dairy.

Five phosphatase failures occurred during the year and immediate investigations were carried out. Three were due to mechanical failure in the plant, one to the plant being operated by inexperienced operators, and one to insufficient attention being given to holding times and temperatures. Taking into account previous failures it was necessary to prosecute one processor and this was successful.

The testing of washed bottles and churns has continued but results this year have been disappointing. Representations have been made to the dairies concerned with a view to a better standard of cleanliness being attained on their bottles.

The ultra heat treatment plant has operated satisfactorily throughout the year and there has been no sample failure. At the year end extensions to the dairy were being built to house the ever increasing output.

#### *Premises Bottling Untreated Milk:*

Regular visits of inspection and supervision were made to the seven premises where untreated milk is purchased in bulk and then bottled. Of the 67 samples obtained six failed the methylene blue test. Investigations were instituted and appropriate action taken. No sample proved positive for brucellosis. One sample contained antibiotics and action was taken in co-operation with the Milk Marketing Board.



## SUPPLY OF MILK TO SCHOOLS:

Whilst efforts continue to be made to ensure pasteurised milk supplies to schools a number still have to accept untreated milk. Sixty-two samples of untreated milk were obtained and submitted to the laboratory for examination for tuberculosis, brucellosis and antibiotics in addition to the methylene blue keeping quality test. Four samples, whilst giving positive brucella ring test results, were both negative when cultured. Five samples failed the methylene blue test and follow-up action was taken.

## SAMPLING OF MILK AT HOSPITAL FARMS:

Sampling, which is carried out at the request of the Department of Health and Social Security, continued at Stanley Royd Hospital Farm, Wakefield, where the production of untreated milk takes place: 16 (22) samples were obtained, one of which failed the methylene blue test. Although the milk is not used at the hospital in its raw state, all the samples were examined for the presence of brucellosis and antibiotics. None of the samples was positive for either.

## ANTIBIOTICS IN MILK:

One thousand eight hundred and eighty-six samples were examined by the modified T.T.C. provisional method for the detection of antibiotic and other inhibitory substances in milk and 16 samples were found to contain antibiotics. Appropriate action was taken in co-operation with the Milk Marketing Board.

## BRUCELOSIS:

One thousand eight hundred and eighty-six samples were examined for the presence of brucellosis. All samples were submitted to the milk ring test and for cream culture where necessary. At the present time milk is being produced and sold from 749 herds in the Administrative County area. During the year cream culture positive results were obtained from 19 of these herds at least once; at 2.8 per cent. this continues the satisfactory trend toward eradication of the disease. The percentages for 1970, 1971 and 1972 at 17.0, 11.6 and 7.8 respectively show that at last real progress is being made. Three hundred and three of the herds covered by the sampling system of the Department are now entered on the British Register of Brucellosis Accredited Herds and this must be regarded as the major factor in the decrease of the disease.

The policy of notifying divisional medical officers of all results of milk samples taken by our staff has continued and grateful recognition is given to them and to the county district public health inspectors for their help and co-operation.

Once again our thanks go to the Directors of the Public Health Laboratories in and around the County for the useful information they continue to send us, thereby avoiding wasteful duplication. On 1st April the Wakefield Laboratory closed and its work transferred to Leeds. We are particularly grateful to Dr. L. A. Little and his staff for continued help and co-operation up to the time of the closure. We were pleased to find that the staff dealing with our side of the work all transferred to Leeds so that we are fortunate in continuing to experience the same degree of co-operation we enjoyed in the past.



## QUALITATIVE MILK SAMPLING:

Within the County Council's scheme of qualitative milk sampling 46 (56) samples were submitted to the County Analyst by the county district public health inspectors. One sample was found to be deficient in fat on informal sampling but the follow-up formal sample was satisfactory.

## FOOD COMPLAINTS:

Thirty-five complaints were received and investigated. A summary is given below of the details of each and the results where legal proceedings were taken. In other cases verbal or written cautions were given.

Straw in bottle of school milk.

Mouse dropping in apple pie. Prosecution, fine £20 with £14·24 costs.

Dirty milk bottle. Prosecution, fine £20.

Coin in malt loaf.

Poor quality of school milk—6 cases.

Dirty milk bottle—2 cases.

Beer can top in school milk.

Stain on fish finger.

Glass in bottle of milk.

Mustard seed in mint sauce.

Glass in bottle of school milk. Prosecution, fine £25 with £13 costs.

Plastic in scone.

Foreign body in school milk.

Match in tin of sardines.

Glass in bottle of school milk—2 cases.

Foreign body in mint sauce.

Milk failed to satisfy prescribed test. Prosecution, fine £50 with £9·67 costs.

Foil cap in bottle of school milk.

Dirty milk bottle.

Taint in milk.

Drosophila pupae in bottle of school milk.

Fly in pork pie.

Match box in school milk.

Plastic in jam.

Insects in flour.

Grease in bread.

Foreign body in jam.

Poor quality of fried fish.

## Water Supplies:

### PLUMBO-SOLVENT WATER SUPPLIES:

The periodical examination of water from those public supplies in the West Riding which are known, or suspected, to be plumbo-solvent has been carried out.



Two samples of water were collected from each supply (a) after standing all night and (b) after standing for 30 minutes in a lead service pipe, and the samples were examined for the presence of lead. Two hundred and fifteen samples were examined and in each case the result of the examination was notified to the medical officer of health and other appropriate officers of the county district concerned.

The W.H.O. International Standard for lead in drinking water of 0.1 mg/l was regarded as the maximum allowable concentration. Samples above this level were reported as unsatisfactory and the appropriate authorities asked to take remedial action.

#### PRIVATE SUPPLIES OF WATER TO COUNTY PREMISES:

Regular supervision and sampling of these private water supplies has continued. Installation of filtration equipment has progressed and most premises have now had this fitted. Three premises, however, still remain to be dealt with and unfortunately two of these are premises which consistently give bad results when samples are taken.

One hundred and twenty-nine (163) samples of water were taken of which 25 required some follow-up action.

#### FLUORIDATION OF WATER SUPPLIES:

It is disappointing having to report yet again that only slight progress towards achieving fluoridation has been made.

Previous Reports have reviewed the Rombald Water Board's scheme at Reva Reservoir, Hawksworth. Except for a fortnight period when a fault required the shutdown of the fluoridation plant (which failed safe) it was in operation throughout the year and 28 water samples were taken by members of our staff and examined within the department for fluoride content; all were within acceptable limits.

The modernisation of Huddersfield Corporation's plant at Scapegoat Hill which was completed during 1972 provided fluoridated water to the Golcar area of Colne Valley U.D. There were minor disruptions to the smooth operation of the plant and of 29 samples obtained and tested by our staff 24 gave satisfactory results. As the proposed modernisation of other plant proceeds during the next two or three years it is hoped that schemes will extend fluoridation throughout the Borough's limits of supply.

Following the overhaul of Bradford Corporation's fluoridation plant at Addingham, effective fluoridation of the water supplied to the parish recommenced on 10th January, 1973. Subsequently the scheme operated efficiently and 29 out of 30 samples taken by our staff gave satisfactory results; the failure was due to a minor electrical fault.



In pursuance of the County Council's policy, negotiations have continued with Bradford Corporation for the fluoridation of the water supplied by their undertaking in Silsden U.D.

A further scheme with Rombalds Water Board is also under consideration. Accommodation for fluoridation equipment was provided by the Board in their new treatment works at Graincliffe which supplies Shipley and Baildon U.D's. The erection of the plant has been completed and preliminary enquiries made regarding the fluoridation equipment. Although no firm date can be given, it is likely that a scheme will be introduced early in the new year.

Following protracted negotiations, agreement was finally reached with the Craven Water Board to fluoridate the water supplied to Keighley M.B. and certain parishes in Skipton R.D. from treatment works at Oldfield and Lower Laithe. At the time of writing quotations for the installation of apparatus were being invited but in view of the current financial procedures it is impossible to forecast when the scheme will come into operation.

### **Rural Water Supplies and Sewerage Acts, 1944-71:**

All schemes submitted for grants were examined and comments forwarded to the County Planning Officer for onward transmission, with his observations, to the County Council's Consulting Engineer.

In addition, Ministry Inquiries and Investigations of Schemes were attended where held.

### **Local Government Act, 1958, Section 56:**

#### **SEWERAGE SCHEMES—APPLICATIONS FOR GRANTS:**

No application was received during the year.

### **School Swimming Pools:**

Details of the 72 swimming pools in operation and under construction are given in Table 56.

Two hundred and seventy-four (358) samples were obtained and submitted for bacteriological and chemical testing. In addition to sampling, advice was given to pool operators on water sterilisation and on the operation and maintenance of water treatment plant generally. Sampling was also carried out at the Woodhall Centre, Wetherby, Hawksworth Hall Spastics School, Hawksworth, and Hilton Grange Children's Home, Bramhope, although these are not County establishments.

### **Caravan Sites Act, 1968:**

#### **GYPSIES:**

The site at Baildon is now completed and occupied by gypsy families, the one at North Anston, Kiveton Park, is in course of construction.



**Pharmacy and Poisons Act, 1933:**

Forty-six visits of inspection were made to premises listed for the sale of Part II poisons.

**Riding Establishments Act, 1964:**

Premises licensed by the County Council are visited at least once each year. The general public health aspects of each establishment are examined and a report submitted to the Clerk of the County Council. This report is considered along with reports of a veterinary surgeon and the County Fire Officer before a licence is issued.

**Atmospheric Pollution:**

The Authority's scheme for the measurement of atmospheric pollution, operated in conjunction with the Warren Spring Laboratory of the Department of Trade and Industry and Officers of the County Districts, has continued efficiently .

At the year-end 39 district councils were participating involving 52 combined daily smoke filter and sulphur dioxide instruments, and four daily smoke filters only.





## **PART V**

### **MISCELLANEOUS**

**Persons in need of Care and Attention**

**Medical Arrangements for County Children's Homes  
and Residential Nurseries**

**Road Traffic Act, 1972**

**Medical Examination**

**See also Table 58 of Appendix A**

For 1973 actual figures are quoted for the nine months ended 30th September and, where possible, an estimate for the full year also is given in brackets.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

Section 47 of the *National Assistance Act, 1948*, and the *National Assistance (Amendment) Act, 1951*, which provide for the compulsory removal to appropriate accommodation of persons requiring care and attention, had to be instituted in four cases, all women; three were admitted to hospitals and one to Part III accommodation.

MEDICAL ARRANGMENTS FOR COUNTY CHILDREN'S HOMES AND RESIDENTIAL NURSERIES

Divisional Medical Officers have submitted periodic reports on the discharge of their responsibilities for the medical arrangements at County Children's Homes and Residential Nurseries; these provide for the medical examination of children on admission and discharge, subsequent routine and special examinations, the keeping of medical records, precautions against the spread of infectious diseases, determining the hours of rest and sleep, the general supervision of health, hygiene and diet, and the staffing of the nurseries. Routine examinations, which are undertaken monthly in residential nurseries and six-monthly in children's homes, reveal the not-unexpected high proportion of children with physical and mental defects and with emotional problems.

ROAD TRAFFIC ACT, 1972—SECTION 87

There has been a decrease in the number of cases referred by the Clerk of the County Council where enquiries and investigations have been carried out and appropriate recommendations made regarding medical fitness to hold driving licences—162 (217).

A further 141 (189) cases were reviewed to ascertain continuing medical fitness to hold driving licences and in three cases revocation of the driving licence was recommended.

Twenty (31) cases were referred for a Consultant's opinion and co-operation has been received from family doctors and specialists when asked for information regarding their patients.

Reason for referral	Number of cases	Number who received driving licence
Epilepsy ... ..	93 (124)	77 (106)
Diabetes ... ..	2 (3)	2 (3)
Cardiovascular disease ... ..	24 (32)	21 (27)
Other disorders of consciousness ... ..	18 (26)	18 (24)
Vision defects ... ..	1 (1)	1 (1)
Other physical disabilities ... ..	8 (10)	7 (10)
Mental illness or subnormality ... ..	14 (18)	13 (15)
Other ... ..	2 (3)	2 (3)
Totals ...	162 (217)	141 (189)



## MEDICAL EXAMINATION

During the year 2,396 (3,004) Health Questionnaires were received from persons being considered for admission to the Superannuation Scheme. In 821 (1,036) cases a medical examination was considered necessary; 1,575 (1,968) cases were admitted on the basis of the information contained in the questionnaire. The reasons for referral for medical examination were as follows:

	Number referred		Approved		Not Approved		Decision Deferred	
Age ... ..	207	(265)	198	(253)	3	(4)	6	(8)
History ... ..	303	(406)	267	(355)	18	(24)	18	(28)
Category of employment (i.e. driver)	178	(206)	174	(201)	2	(3)	2	(2)
Age and History ... ..	118	(139)	96	(114)	15	(17)	7	(8)
Age and Category ... ..	6	(7)	5	(6)	1	(1)	—	(—)
History and Category ... ..	8	(11)	7	(9)	—	(—)	1	(1)
Age, History and Category ... ..	1	(2)	1	(2)	—	(—)	—	(—)
Totals ...	821	(1036)	748	(940)	39	(49)	34	(47)

These examinations have been carried out by the County Council's medical officers and general practitioners employed on a sessional basis. In addition, 17 (22) examinations have been carried out at the request of other local authorities. Re-examinations have been carried out in 21 (28) cases where the decision was previously deferred. Of these 12 (16) were approved, seven were regarded as unfit for admission to the Superannuation Scheme. Special medical examinations have been undertaken in respect of 117 (148) employees in the various departments who have had lengthy periods of sickness absence.





**PART VI**

**THE HEALTH OF THE SCHOOL CHILD**

**The Annual Report of the Principal School  
Medical Officer**

**including**

**The Report of the Principal School  
Dental Officer**

**See also Tables 59 to 67 of Appendix A and Appendix C**

For 1973 actual figures are quoted for the nine months ended 30th September and, where possible, an estimate for the full year also is given in brackets.

# THE HEALTH OF THE SCHOOL CHILD

*(Being the 66th Annual Report of the Principal School Medical Officer)*

## Introduction:

1973 has been a year somewhat clouded by the impending changes in the health services and more particularly by the forthcoming demise of the West Riding Authority as a whole. The latter has particularly affected certain aspects of the work in School Health. One of the first casualties was the cessation of the publication *Well-being* in July, 1973. This was an experiment in co-operation between the Health and Education Departments and looking back over the five years of its life a large number of aspects of school health received detailed attention. Although primarily written for the staff in the West Riding it had a much wider circulation and the plaudits received together with expressions of regret after the last issue were most gratifying.

A further casualty was the computer facility for handling the records of handicapped and disabled children. Much work had gone into the design and development of the scheme which has been referred to in previous Annual Reports. It had to be discontinued for several reasons. Firstly, because of the way the County is being divided, it was not possible to find a sufficiently large population in more than one A.H.A., where all the handicaps were already being recorded on a computer. Second, the scheme was in the technical sense 'experimental' and required evaluation: at least two analogous systems were being evaluated officially elsewhere. Third, the data, when examined in the summer of 1973, was not epidemiologically complete, and it was estimated that it would have taken about one year to deal with this problem. Though strenuous efforts were made to salvage the scheme, it became clear that the only possible course of action for the West Riding as a whole was to revert to the use of manual records. This will be completed by January, 1974. Thus a scheme which though incomplete, had proved its value as a very useful administrative tool, became a victim of Reorganisation.

A large authority such as the West Riding has been in an advantageous position in regard to the in-service training of the professional staff and, as previous reports have indicated, this aspect has been given priority both internally where many study days and courses have been arranged and also by using external sources such as courses organised by the Society of Community Medicine (formerly Society of Medical Officers of Health); the National Association for Mental Health, and various Universities. As a result the medical staff, with the exception of very recent recruits, have all received post-graduate training in developmental screening, assessment of handicapped children and other specialised aspects of the work. This type of training is essential and may not be so easy to arrange in smaller areas. It is therefore of great importance that the new A.H.A's should send staff to courses run by external bodies and it is hoped that in the future in-service training or study leave will be established as a right for the individual in order to keep abreast of new developments. It is of interest that Sheffield University and others are setting up courses similar to the one which began in Leeds in 1972.



Reference was made last year to the uncertainty of the future of the Child Guidance services and the fears expressed for the future. These have only been partly resolved at the time of writing but no dramatic change seems to be contemplated in 1974 although much discussion and re-orientation is likely to occur during the next three years. During 1973 Dr. Elizabeth Gore, Consultant Psychiatrist at the Harrogate and Shipley Clinics, left the area for another appointment in the south of England and she has not been replaced on a permanent basis by the Leeds Regional Hospital Board. Her work in the West Riding from 1960 onwards has been much appreciated and her annual reports always showed her deep interest.

Several child guidance clinics are functioning with depleted staffs owing to the national shortage of child psychiatrists and psychiatric social workers. Continued recruitment of psychologists has been possible so that their work has been extended more into the school situation and the screening of upper infant age groups in 1973 has brought to light many educational difficulties at an earlier age. Unlike most authorities the psychologists in the West Riding have been under the general direction of the Principal Medical Officer for the School Health Service and there have been close links with the medical officers in the field. In 1974 they will become part of the staff of the Education Authorities but it is hoped that the close working relationships will continue. In the past in some authorities there have been difficulties in inter-disciplinary relationships. One aim in the West Riding has been to foster the 'team' approach which is essential for the well-being of our clients—the children.

The whole future of community child health services is to be reviewed by a committee under the chairmanship of Professor Donald Court. Artificial divisions between the care of the pre-school and school child have already been eliminated in the West Riding and close links with the hospital services particularly the assessment centres have already been made. Hospital pædiatricians in many areas co-operate closely with the medical officers in the field and seek their help in the educational problems of the handicapped child. There are still prophets of doom who continue to sound the death knell of the community child health and school health services. In view of the need for watchful care for a considerable percentage of children throughout their formative years for physical, emotional, and other problems with a medical basis there are many who do not share the gloomy prognostications in the foreseeable future. There will be changes in the pattern of the work. As mentioned last year psychologists will gradually take over psychometric testing which takes up a considerable amount of medical officers' time at present. This will enable more time to be given to the medical aspects of child health and to form closer links with the schools as the 'school physician'—an aspect of the work which has sometimes been neglected due to other pressures. With the spate of other workers—school counsellors and the like—the role of the school physician has sometimes not been appreciated. Studies have shown the influence of medical factors, sometimes relatively mild, on the child's general and emotional development.

Despite impending changes, further developments have continued in the sphere of special educational treatment. Additional remedial centres or special classes



have opened during the year and the case conferences involve both central office and local medical personnel as members of the selective panel. New schools for educationally subnormal (moderate) pupils have opened or are planned and units for children under the age of seven years are being developed. Continued attention has been given to the facilities available at the former training centres—now schools for educationally subnormal (severe) pupils and additional schools are planned.

Looking over the last decade much has been achieved in the service and a considerable re-orientation of the work has taken place away from the dull routine aspects towards specialisation. There have been disappointments due to circumstances outside the control of the Health Department. Facilities for the supervision of children with hearing defects by peripatetic teachers of the deaf remain limited to certain areas only. The development of local authority assessment centres with an emphasis on the educational aspects which was planned never came to fruition due to other financial priorities. In part the hospital based assessment units have filled the gap but in the main they are restricted to occasional attendances for multi-disciplinary investigation rather than long term observation in an educational setting.

Throughout all the impending changes one must not lose sight of the fact that the children remain with us and need continued care. The close links between Health and Education Departments need to be maintained whilst other links are made with hospital services and the family doctors. The concept now developing of a community physician specialising in child health at each Area level to act as adviser to the Education Authority and to coordinate the child guidance and other services for children should help to preserve the team spirit which has been established.

Once again it is my pleasure to place on record my thanks to all the staff of the School Health Service and our colleagues in other departments for their continued efforts in the interests of the children particularly in these times of impending change.

### **Care of the Handicapped Children:**

One major change has taken place during the year—a new school has opened by the Barnsley L.E.A. replacing the old Mount Vernon School for the physically handicapped. The school, Rockley Mount School, Barnsley, enables children from a wide area as far as Wakefield to attend on a daily basis and caters for children with severe physical handicaps including spina bifida cystica. This overcomes the problem of children in the area having to be admitted to residential schools at a distance from home. Other developments are planned throughout the Yorkshire conurbation of Education Authorities. One residential school—Hesley Hall—at Tickhill, near Doncaster, closed during the year. This had accommodated physically handicapped children up to the end of junior school life and for many years fulfilled an urgent need for places. With the increasing number of day places available little difficulty was encountered in transferring the pupils.



## **The Work of the Psychiatrists:**

Considerable staffing problems have arisen during the year following the resignation of Dr. Elizabeth Gore who was responsible for the Child Guidance Clinics at Harrogate and Shipley and the decision of Dr. R. V. Read to transfer to part-time duties mainly concerned with the psychiatric oversight of two Assessment Centres of the Social Services Department. As a result several clinics were left without the services of a psychiatrist. It proved impossible to secure the services of a consultant to replace Dr. Gore as the Leeds Regional Hospital Board considered that an appointment should not be made unless the consultant child psychiatrist in future had access to hospital beds and these were not available.

Efforts have been made to continue the service by the deployment of experienced medical officers as members of the clinic teams and Dr. H. Sanderson agreed to cover the Horsforth Clinic alternating with Ossett, although this has caused dilution of the service provided.

Premises are also a cause of concern. Work at the Woodlands Clinic has been hampered by lack of available accommodation and all efforts to obtain alternative premises have been unavailing. New purpose-built accommodation became available at the Swinton Health Centre. Because of lack of adequate sound-proofing conversations can be heard between rooms. Unfortunately money is not available immediately to remedy this.

Maternity leave has affected the work of both psychologists and social workers in addition to staff transfers and general shortages of specialised personnel.

The whole future of child guidance facilities is to be reviewed by the new Area Health Authorities in 1974. The current demands are not being met and there is a national shortage of child psychiatrists. A considerable re-orientation of the service is desirable with a greater identification of the role of the various specialist personnel involved. The service should not be withdrawn from the community although it is highly desirable that psychiatrists should have hospital beds where severe problems can be investigated in more depth than is possible by occasional attendances at clinics. Another desperate shortage is long-term accommodation for children who are too emotionally disturbed to be catered for in the usual pattern of local authority special schools and who need close psychiatric supervision.

One must pay tribute to the devoted work of the staff often working under tremendous pressures in inadequate accommodation.

## **The Work of the Psychologists:**

Mr. Pickles, Senior Psychologist, writes:

“The year has been a particularly busy one, mainly as a result of the introduction of the screening procedure in the primary schools which began in January. This greatly increased the contacts of the psychologists with the

schools, through individual visits and meetings with groups of headteachers and teachers. It brought to attention a large number of children who required further assessment for learning difficulties, and the psychologists in several areas were hard pressed to complete this work before the end of the school year. Many of these children will require further examination, and the psychologists will be kept busy in working with the schools, school medical officers and remedial centres, in reviewing the progress and needs of particular children who were identified by the screening. A further account of this is printed on page 39. Unfortunately, because of the need for early publication of this Report, it has not been possible to collect statistics on the work of the psychologists during 1973. These would certainly have indicated increases in all areas of work, but especially in psychological work in the schools.

At the same time, every effort was made to maintain standards of work in the child guidance clinics, to keep up with other work in the schools, and to provide a continuing service to the Social Services' assessments centres. Since some clinics had no psychiatrists an extra burden was placed on the psychologists. With the growth of demands, it was of considerable help that new staff were recruited. At the date of writing the staff is now the equivalent of 23 full-time psychologists."



## THE SCHOOL DENTAL SERVICE

On the 30th September the full-time dental staff in post and the authorised establishments were as follows:

	Staff	Authorised Establishment
Chief Dental Officer ... ..	1	1
County Orthodontist ... ..	—	1
Dental Specialist ... ..	1	1
Senior Clinical Dental Officers ... }	2	5
Area Dental Officers ... .. }	19	18
Dental Officers ... ..	26	43
Dental Auxiliaries ... ..	5	10

There were also nine part-time staff contributing the equivalent of four full-time dental officers.

A total of 23,635 sessions were worked by dental officers during the year, compared with 24,594 in 1972, indicating an overall reduction in staff equivalent to two dental officers.

Recruitment of staff has barely covered wastage and, following last year's trend, younger dental officers tended to leave within the year. They were, for the most part, attracted from the present uncertain future of the public dental service to the more certain financial advantages of general practice.

### Courses:

The two members of staff authorised to attend the course in Dental Public Health at Leeds University in 1972/73 were both successful in gaining the Diploma of the Royal College. One further member of staff is attending the current course.

### Inspection and Treatment:

Statistical details of inspection and treatment are reproduced in Table 67 of Appendix A and largely speak for themselves. The fall in output compared with 1972 is of the order to be expected with the reduced number of treatment sessions, together with the increased time devoted to orthodontics by other dental officers in the absence of a full-time County Orthodontist.

In a year of some difficulty and diversion, the overall picture is not unreasonable.

### **Epidemiology:**

This Authority was approached once again by the Department of Education and Science to take part in the quinquennial investigation into the incidence of caries in the teeth of 5 and 12 year olds. This is a national survey, commenced in 1948, and six other authorities also take part. The West Riding figures show that, on average, each 5 year old has 3·9 teeth affected by decay as compared with 4·5 teeth in the last survey in 1968, and the 12 year old children an average of 5·7 teeth affected by decay as compared with 6·3 in 1968.

### **Dental Health Education:**

During the year, full dental health campaigns in the Hemsworth and South Elmsall areas were carried out, when approximately 10,000 children received instruction in oral hygiene. Invitations, as in previous years, continued to be received from schools in many areas and requests to talk to young wives' groups and parent/teacher associations were met during the year.

### **Orthodontics:**

Miss Sclare, former County Orthodontist, it will be recalled emerged, part-time, from retirement to supervise the orthodontic service until '1974.' With the help and co-operation of other members of the staff, she has been most successful in her work and has initiated a gradual transfer of the more complex cases to the increasing number of hospital consultants in the County area. It is most fortuitous that at a time when the West Riding orthodontic service is running down, the hospital service is increasing.

### **Laboratory:**

In '1974' the capacity of the laboratory will be in excess of the requirements of the Wakefield Area Health Authority. Every opportunity has been taken to recommend the continuation of the largest local authority laboratory in the country and I am hopeful that the highly skilled staff will be kept together and continue to provide technical support of a high standard to the dental officers of several of the future authorities.

Although brevity has of necessity to be the hallmark of this final report, I cannot conclude without expressing my deep appreciation of the loyalty and support given to me by members of the staff of the dental service. I would especially mention those of long service, professional and lay, who served with the Authority's first Chief Dental Officer, the late Mr. B. R. Townend, and my immediate predecessor, Dr. D. Davies. Having for many years contributed to the development of the service, these members of staff, in particular, will feel a sense of personal loss in '1974.'

I wish to record my thanks to Dr. Elliott for his invaluable help and the freedom he has given his Chief Dental Officer to get on with the job.

Finally, to the successive Chairmen and members of the Divisional, School Health and Dental Services Sub-Committee, I offer my appreciation of their encouragement and support.



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For 1973 actual figures are quoted for the nine months ended 30th September and, where possible, an estimate for the full year also is given in brackets.



Table 1    Summary of Principal Vital Statistics, 1890—1973

Year	Live Birth Rate	Stillbirths per 1,000 total births	Death Rates							
			All Causes	Infective and Parasitic Diseases	Tuberculosis, Respiratory	Tuberculosis, Other Forms	*Respiratory Diseases	Cancer	Maternal Mortality per 1,000 total births	Infant Mortality
1890–1909	28.9	†	16.7	1.89	1.19	0.52‡	3.20	0.77‡	†	147
1910–1919	22.5	†	14.5	1.26	0.84	0.41	2.58	0.98	†	112
1920–1929	20.2	†	12.4	0.56	0.68	0.25	2.08	1.20	†	82
1930–1939	15.5	46	12.1	0.30	0.48	0.13	1.24	1.46	4.70	62
1940–1949	18.1	31	12.2	0.16	0.39	0.09	1.43	1.73	1.95	47
1950–1954	15.7	25	11.9	0.09	0.19	0.03	1.23	1.89	0.82	31
1955–1959	16.3	23	11.7	0.06	0.09	0.01	1.23	1.92	0.49	26
1960	16.9	22	11.5	0.06	0.06	0.01	1.15	1.98	0.73	22
1961	17.2	20	12.1	0.05	0.06	0.00	1.44	1.98	0.27	25
1962	17.8	18	12.0	0.04	0.05	0.01	1.47	2.00	0.20	23
1963	18.2	19	12.0	0.04	0.06	0.01	1.52	1.94	0.45	23
1964	18.5	18	11.5	0.04	0.05	0.00	1.35	2.02	0.40	22
1965	18.2	16	11.6	0.04	0.04	0.00	1.28	2.07	0.16	21
1966	18.0	14	12.1	0.03	0.05	0.00	1.62	2.00	0.25	20
1967	18.0	15	11.2	0.03	0.03	0.00	1.29	2.08	0.22	19
1968	17.6	14	11.6	0.04	0.03	0.01	1.60	2.14	0.09	18
1969	16.9	14	11.6	0.05	0.03	0.01	1.60	2.10	0.20	19
1970	17.3	14	11.7	0.04	0.02	0.01	1.53	2.14	0.29	20
1971	17.0	12	11.4	0.04	0.02	0.01	1.41	2.16	0.10	18
1972	15.4	12	12.1	0.03	0.02	0.01	1.66	2.23	0.04	18
1973	14.3	10	11.4	0.05	0.02	0.01	1.83	2.03	—	17

\* Combined death rate from bronchitis, pneumonia and other respiratory diseases excluding tuberculosis and influenza.

† Figures not available.

‡ This rate is for the 10 years 1900-1909.

Table 2 Causes of Stillbirth

Cause and I.C.D. number	Number of stillbirths	Rate per 1,000 total births
Congenital anomalies (740-759) ... ..	39 (52)	1.97
Chronic and acute disease in mother (760, 761) ... ..	10 (13)	0.50
Maternal toxæmia and infection (762, 763) ... ..	12 (16)	0.61
Difficult labour (764-768) ... ..	1 (1)	0.05
Other complications of pregnancy and childbirth (769) ...	8 (11)	0.40
Conditions of placenta (770) ... ..	57 (76)	2.88
Conditions of umbilical cord (771) ... ..	27 (36)	1.36
Birth injury (772) ... ..	— (—)	—
Hæmolytic disease of newborn (774, 775) ... ..	6 (8)	0.30
Anoxic and hypoxic conditions NEC (776) ... ..	16 (21)	0.81
Immaturity unqualified (777) ... ..	5 (7)	0.25
Other conditions of foetus or newborn (778) ... ..	— (—)	—
Foetal death of unknown cause (779)... ..	24 (32)	1.21
All causes (740-779) ... ..	205 (273)	10.34

Table 3 Perinatal Mortality, 1963-73

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Perinatal mortality (per 1,000 total births) ... ..	31.1	30.0	27.3	25.1	26.1	25.0	23.7	24.4	21.7	22.5	20.0
Infant deaths at 1 week and over (per 1,000 total births)	10.1	9.5	9.0	8.8	8.1	7.5	8.5	8.7	8.8	7.2	7.4



Table 4 Causes of Infant Mortality

Ætiological Group	Cause of Death (and International Classification number)	Age at Death						
		Under 1 day	1 day and under 1 week	1 week and under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 1 year	Total under 1 year
ALL CAUSES	All causes ... ..	104	88	40	43	38	25	338
Prenatal and Natal Group (including congenital malformations)	Congenital malformations (740-759) ... ..	12	27	21	16	12	5	93
	Total causes mainly of prenatal and natal origin other than congenital malformations (760-778) ... ..	90	56	5	1	—	—	152
	Chronic and acute disease and infection in mother (760-763) ... ..	3	—	—	—	—	—	3
	Difficult labour (764-768) ... ..	—	—	—	—	—	—	—
	Other complications of pregnancy and childbirth (769-771) ... ..	3	1	—	—	—	—	4
	Birth injury (772) ... ..	10	6	1	—	—	—	17
	Hæmolytic disease of newborn (774-775) ... ..	1	—	—	—	—	—	1
	Anoxic and hypoxic conditions NEC (776) ... ..	40	35	3	—	—	—	78
	Immaturity, unqualified (777) ... ..	33	12	1	—	—	—	46
	Other conditions of fetus or newborn (778) ... ..	—	2	—	1	—	—	3
Postnatal Group	Total causes mainly of postnatal origin ... ..	1	2	9	23	18	12	65
	Enteritis and other diarrhoeal diseases (008-009) ... ..	—	1	1	—	2	1	5
	Other infective and parasitic diseases (remainder 000-136) ... ..	—	—	3	1	—	—	4
	Meningitis (320) ... ..	—	—	3	—	—	—	3
	Pneumonia and bronchitis (480-486, 490-492) ... ..	1	—	1	9	3	5	19
	Other diseases of the respiratory system (remainder 460-519) ... ..	—	1	1	10	11	4	27
	Accidental mechanical suffocation from vomit, food, foreign body, or in cot (E911-E913) ... ..	—	—	—	3	2	—	5
	Other violent causes (remainder E800-E999) ... ..	—	—	—	—	—	2	2
	Other remaining causes ... ..	1	3	5	3	8	8	28

Table 5 Infant Mortality, 1901-73—Rates per 1,000 live births

Period	Average Infant Mortality Rate		Year	Infant Mortality Rate	
	England and Wales	Administrative County		England and Wales	Administrative County
1901-1910	128	135	1966	19	20
1911-1920	100	109	1967	18	19
1921-1930	72	80	1968	18	18
1931-1940	59	61	1969	18	19
1941-1945	50	50	1970	18	20
1946-1950	36	40	1971	18	18
1951-1955	27	29	1972	17	18
1956-1960	23	25	1973	†	17
1961-1965	21	23			

† Figures not yet available.

Table 6 Infant Mortality, 1969-73

	Number of Deaths					Deaths per 1,000 Live Births				
	1969	1970	1971	1972	1973	1969	1970	1971	1972	1973
<i>Male Infants—</i>										
Under 4 weeks ...	210	228	195	180	136	13.4	14.4	12.4	12.5	13.5
4 weeks—3 months ...	42	53	55	38	22	2.7	3.3	3.5	2.6	2.2
3—6 months ...	48	44	45	34	19	3.1	2.8	2.9	2.4	1.9
6—12 months ...	23	21	34	22	13	1.5	1.3	2.2	1.5	1.3
Total under 1 year ...	323	346	329	274	190	20.7	21.8	21.0	19.1	18.8
<i>Female Infants—</i>										
Under 4 weeks ...	161	181	143	149	96	11.0	12.0	9.5	11.0	10.1
4 weeks—3 months ...	38	31	30	27	22	2.6	2.0	2.0	2.0	2.3
3—6 months ...	33	35	42	24	18	2.3	2.3	2.8	1.8	1.9
6—12 months ...	18	21	22	18	12	1.2	1.4	1.5	1.3	1.3
Total under 1 year ...	250	268	237	218	148	17.1	17.7	15.8	16.1	15.5
<i>All Infants—</i>										
Under 4 weeks ...	371	409	338	329	232	12.3	13.2	11.0	11.8	11.8
4 weeks—3 months ...	80	84	85	65	44	2.6	2.7	2.8	2.3	2.2
3—6 months ...	81	79	87	58	37	2.7	2.5	2.8	2.1	1.9
6—12 months ...	41	42	56	40	25	1.4	1.4	1.8	1.4	1.3
Total under 1 year ...	573	614	566	492	338	18.9	19.8	18.4	17.6	17.2



Table 7 Neonatal Mortality, 1967-73

	Number of Deaths							Deaths per 1,000 Live Births						
	1967	1968	1969	1970	1971	1972	1973	1967	1968	1969	1970	1971	1972	1973
Under 1 day ...	188	199	172	197	163	163	104	6.0	6.4	5.7	6.3	5.3	5.8	5.3
1—6 days ...	161	139	140	142	129	126	88	5.1	4.5	4.6	4.6	4.2	4.5	4.5
1—4 weeks ...	64	41	59	70	46	40	40	2.0	1.3	1.9	2.3	1.5	1.4	2.0
Total under 4 weeks	413	379	371	409	338	329	232	13.1	12.1	12.3	13.2	11.0	11.8	11.8

Table 8 Mortality by Age Groups, 1969—73

Age Group				1969	1970	1971	1972	1973
Under 1 year	...	...	...	573	614	566	492	338
1 and under 5	...	...	...	102	88	65	105	58
5—14	...	...	...	106	93	97	101	75
15—24	...	...	...	201	170	186	169	139
25—34	...	...	...	182	195	177	188	139
35—44	...	...	...	493	449	441	431	299
45—54	...	...	...	1,302	1,280	1,312	1,389	976
55—64	...	...	...	3,409	3,379	3,230	3,427	2,447
65—74	...	...	...	6,096	6,118	5,859	6,257	4,527
75 and over	...	...	...	8,334	8,631	8,652	9,397	6,675
Totals	...	...	...	20,798	21,017	20,585	21,956	15,673

Table 9 Principal Causes of Death, 1973

Cause of Death	Age at Death											
	Under 4 weeks	4 weeks under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over	Total
Tuberculosis...	—	—	—	—	1	1	1	2	14	9	5	33
Infective and Parasitic Diseases excluding T.B. ...	5	4	6	—	—	3	2	7	4	10	21	62
Malignant Neoplasms ...	—	—	4	12	14	30	81	287	674	930	754	2,786
Heart and Circulatory Diseases (including Cerebrovascular Disease) ...	—	—	1	4	11	22	108	456	1,209	2,463	3,844	8,118
Respiratory Diseases ...	4	42	9	4	12	11	24	90	315	701	1,375	2,587
Violent Causes ...	—	7	16	35	74	35	42	60	60	74	141	544
All Other Causes ...	223	53	22	20	27	37	41	74	171	340	535	1,543
Total—All Causes ...	232	106	58	75	139	139	299	976	2,447	4,527	6,675	15,673



Table 10 Percentage Contribution of the Five Principal Cause Groups of Death to All Causes, 1969—73

Cause Group						1969	1970	1971	1972	1973
Circulatory diseases except cerebro-vascular disease ... ..						37.7	37.9	38.6	38.6	38.0
Malignant neoplasms ... ..						18.0	18.3	18.9	18.5	17.8
Cerebrovascular disease ... ..						14.6	14.9	15.3	14.8	13.8
Diseases of respiratory system ... ..						14.6	14.4	12.5	14.3	16.5
Accidents, suicide and violence ... ..						4.6	4.1	4.1	3.9	3.5
Total ... ..						89.5	89.7	89.4	90.0	89.6

Table 11 Cancer Mortality, 1968—73

Year		Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms	Leukæmia, Aleukæmia	Total All Sites
1968	M.	254	713	1	—	969	65	2,002
	F.	212	141	348	151	889	58	1,799
	T.	466	854	349	151	1,858	123	3,801
1969	M.	272	742	3	—	922	74	2,013
	F.	185	129	332	143	906	45	1,740
	T.	457	871	335	143	1,828	119	3,753
1970	M.	248	771	1	—	1,014	62	2,096
	F.	210	127	347	166	847	55	1,752
	T.	458	898	348	166	1,861	117	3,848
1971	M.	286	793	3	—	994	62	2,138
	F.	184	147	348	153	885	42	1,759
	T.	470	940	351	153	1,879	104	3,897
1972	M.	251	813	4	—	1,092	41	2,201
	F.	193	167	384	147	909	50	1,850
	T.	444	980	388	147	2,001	91	4,051
1973	M.							1,516
	F.							1,270
	T.							2,786

**Table 12    Mortality from Respiratory Diseases, 1968—73**

Year	Influenza	Pneumonia	Bronchitis	Other diseases of the Respiratory System	Total
1968	110	1,259	1,267	305	2,941
1969	162	1,280	1,323	262	3,027
1970	285	1,196	1,257	287	3,025
1971	24	1,105	1,160	277	2,566
1972	122	1,396	1,325	288	3,131
1973			Figures not available		2,587

**Table 13    Mortality from Violent Causes, 1967—73**

Year	Motor Vehicle Accidents	Accidents in the Home	All other Accidents	Suicide	All other external causes	Total Accidents, Poisoning, Violence
1967	315	266	170	189	15	955
1968	277	238	151	177	82	925
1969	272	260	173	182	77	964
1970	269	222	147	156	75	869
1971	278	198	147	166	54	843
1972	286	218	158	134	54	850
1973	167	163	91	93	30	544



Table 14 Mortality from Home Accidents

Cause of Death		Age at Death—Years							All ages
		Under 1	1-4	5-44	45-54	55-64	65-74	75 and over	
Accidental poisoning by solid and liquid substances ...	M.	—	—	2	—	—	1	—	3
	F.	—	—	3	1	—	—	—	4
Accidental poisoning by gases and vapours ...	M.	—	—	—	1	—	—	2	3
	F.	—	—	1	1	—	1	3	6
Accidental falls ...	M.	—	—	2	1	1	7	21	32
	F.	—	—	—	—	—	14	66	80
Accidents caused by burns and scalds ...	M.	1	—	1	—	1	1	3	7
	F.	—	—	—	—	1	—	6	7
Inhalation of food or vomit ...	M.	2	—	1	1	—	1	—	5
	F.	2	—	1	—	1	1	2	7
Accidental mechanical suffocation ...	M.	1	—	1	—	—	—	—	2
	F.	—	1	—	—	1	—	—	2
Other and unspecified accidents	M.	—	1	1	—	—	—	—	2
	F.	—	—	—	1	—	—	2	3
Total ...	M.	4	1	8	3	2	10	26	54
	F.	2	1	5	3	3	16	79	109

Table 15 Suicides

External Agent		Age at Death — Years								All ages
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	
Domestic gas poisoning ...	M.	—	—	—	1	3	1	—	—	5
	F.	—	—	—	—	2	—	—	1	3
Other poisoning ...	M.	—	4	3	4	4	3	3	1	22
	F.	—	1	2	2	4	7	7	2	25
Hanging or strangulation ...	M.	—	—	2	—	2	2	2	1	9
	F.	—	—	—	1	—	2	—	1	4
Drowning ...	M.	—	2	—	—	2	—	1	3	8
	F.	—	—	—	2	—	—	1	—	3
Firearms ...	M.	—	2	1	—	—	—	—	1	4
	F.	—	—	—	—	—	—	—	—	—
Jumping before or lying in path of moving vehicles ...	M.	—	—	—	—	—	—	1	—	1
	F.	—	—	—	—	—	—	—	—	—
Jumping from high places ...	M.	—	—	—	1	—	1	—	—	2
	F.	—	—	—	—	—	—	—	—	—
Other agents ...	M.	—	—	—	1	—	—	2	1	4
	F.	—	—	—	—	—	—	2	1	3
Total—All Agents ...	M.	—	8	6	7	11	7	9	7	55
	F.	—	1	2	5	6	9	10	5	38

Table 16 Child Mortality, 1911—73

Cause of Death	Annual Averages for Quinquennia							1970	1971	1972	1973
	1911-15	1927-31	1935-39	1945-49	1955-59	1960-64	1965-69				
Measles ... ..	439	107	27	10	2	2	1	—	2	1	—
Whooping cough ... ..	167	67	29	11	1	<1	<1	—	1	—	—
Diphtheria ... ..	110	47	51	5	—	<1	—	—	—	—	—
Other infective and parasitic diseases, excluding tuberculosis	54	45	18	7	7	3	3	5	2	5	6
Tuberculosis, respiratory ...	47	13	5	4	—	<1	—	—	—	—	—
Tuberculosis, other ... ..	201	82	37	30	2	<1	—	1	2	—	—
Cancer ... ..	3	5	4	4	9	11	12	11	4	11	4
Heart and circulatory diseases	4	3	2	1	1	1	<1	2	—	2	1
Influenza ... ..	6	43	10	4	2	<1	<1	—	—	—	9
Pneumonia ... ..	457	321	121	42	14	14	14	12	10	8	
Bronchitis ... ..	150	42	10	9	6	6	1	2	1	—	
Other diseases of respiratory system	49	15	6	3	2	1	5	6	8	6	†
Diarrhoea and other digestive diseases	248	45	38	17	4	5	6	6	3	6	†
Congenital debility, malformations	12	9	7	12	12	11	10	7	7	20	16
Accidents ... ..	82	54	50	38	23	27	28	20	15	25	22
Other causes ... ..	323	119	52	30	12	22	15	16	10	21	22
All causes ... ..	2,352	1,017	467	227	97	107	96	88	65	105	58
Death rate per 1,000 living in the age group ... ..	17·13	10·62	5·09	2·23	0·99	0·97	0·82	0·72	0·53	0·86	0·64

† Figures not available.



Table 17 Notification of Infectious Disease, 1968-73

Disease	Number of corrected notifications					
	1968	1969	1970	1971	1972	1973
Measles ... ..	15,291	3,392	16,351	4,869	11,137	3,969
Dysentery ... ..	691	476	287	406	124	116
Scarlet fever ... ..	794	1,053	661	740	683	580
Diphtheria ... ..	—	—	—	—	—	—
Acute meningitis:						
Meningococcus ... ..	} 8	} 48	22	17	18	22
Other specified organisms			11	8	7	13
Unspecified organisms ...			22	5	10	22
Acute poliomyelitis:						
Paralytic ... ..	1	—	—	—	—	—
Non-paralytic ... ..	—	—	—	—	1	—
Acute encephalitis:						
Infective ... ..	3	1	2	—	1	1
Post-infectious ... ..	1	—	1	—	—	1
Leptospirosis ... ..	—	—	—	—	—	—
Paratyphoid fever ... ..	1	2	—	2	1	1
Typhoid fever... ..	1	—	2	—	3	—
Food poisoning ... ..	204	109	145	114	90	105
Tetanus ... ..	—	—	—	—	1	—
Infective jaundice ... ..	473	756	694	589	608	322
Whooping cough ... ..	591	181	694	857	51	19
Anthrax ... ..	—	—	—	—	—	—
Leprosy ... ..	—	—	—	—	—	—
† Malaria ... ..	—	2	4	1	2	4
Ophthalmia neonatorum ...	2	2	7	1	4	3
Smallpox ... ..	—	—	—	—	—	—
Yellow fever ... ..	—	—	—	—	—	—
Tuberculosis:						
Respiratory ... ..	299	268	265	263	215	181
Other forms... ..	46	36	42	48	45	32

†All the cases were believed to be contracted abroad.

Table 18 Notification of Infectious Disease, 1973

Numbers originally notified	Measles (excluding rubella)		Dysentery		Scarlet fever		Acute meningitis due to infection with					
	M	F	M	F	M	F	Meningococcus		Other specified organisms		Un-specified organisms	
							M	F	M	F	M	F
Total (All ages)	2,093	1,886	75	85	274	300	12	9	6	3	15	7
Final numbers after correction												
Under 1 year	101	100	2	3	2	6	5	1	1	2	2	1
1—	203	189	3	4	2	6	—	3	3	—	2	—
2—	198	166	6	4	20	16	2	2	1	—	1	—
3—	183	175	3	2	26	30	—	1	—	—	1	—
4—	244	240	3	6	29	28	2	1	—	—	1	—
5— 9 years	1,039	909	12	20	156	168	2	1	—	—	2	—
10—14 „	70	58	6	1	29	31	—	—	2	—	1	4
15—24 „	27	21	2	6	8	11	1	—	—	—	1	—
25 and over	11	10	14	17	2	3	1	—	3	1	4	2
Age unknown	9	16	—	2	3	4	—	—	—	—	—	—
Total (All ages)	2,085	1,884	51	65	277	303	13	9	10	3	15	7

Numbers originally notified	Acute encephalitis				Paratyphoid fever		Typhoid fever		Food poisoning	
	Infective		Post-infectious							
	M	F	M	F	M	F	M	F	M	F
Total (All ages)	1	—	2	—	1	—	—	—	430	317
Final numbers after correction										
Under 5 years	1	—	—	—	—	—	—	—	9	15
5—14 years	—	—	—	—	1	—	—	—	9	3
15—44 „	—	—	1	—	—	—	—	—	25	19
45—64 „	—	—	—	—	—	—	—	—	8	9
65 and over	—	—	—	—	—	—	—	—	2	4
Age unknown	—	—	—	—	—	—	—	—	—	2
Total (All ages)	1	—	1	—	1	—	—	—	53	52

Numbers originally notified	Infective jaundice		Whooping cough	
	M	F	M	F
Total (All ages)	164	160	7	12
Final numbers after correction				
Under 1 year	—	—	—	—
1—	—	—	2	2
2— 4 years	6	7	3	4
5— 9 „	37	56	2	5
10—14 „	30	39	—	—
15—19 „	18	11	—	—
20—24 „	10	13	—	—
25—34 „	34	20	—	—
35—44 „	8	5	—	—
45—54 „	6	1	—	1
55—64 „	9	—	—	—
65—74 „	2	2	—	—
75 and over	1	2	—	—
Age unknown	3	2	—	—
Total (All ages)	164	158	7	12



Table 19 Incidence of Food Poisoning

Presumed Causal Agent	Family Outbreaks		Other Outbreaks		Sporadic Cases	Total Cases
	Number	Cases Involved	Number	Cases Involved		
Salmonella typhimurium	9	23	—	—	23	46
Other Salmonellæ ...	3	9	2	22	28	59
Cl. welchii ... ..	—	—	—	—	—	—
Staph. aureus ... ..	—	—	—	—	1	1
Not discovered ... ..	—	—	—	—	3	3
All agents ... ..	12	32	2	22	55	109

In addition there were 46 cases of salmonella infection not food-borne.

Table 20 Vaccination and Immunisation

The following table gives the number of persons under the age of 16 years who were vaccinated or immunised against diphtheria, whooping cough, tetanus and poliomyelitis during the period ended the 30th September, 1973.

Primary Courses	Year of Birth						
	1973	1972	1971	1970	1966-1969	Others under Age 16	Total
Diphtheria	59	14,243	5,659	246	703	397	21,343
Whooping Cough	58	14,181	5,645	211	171	12	20,278
Tetanus	59	14,243	5,697	246	699	546	21,490
Poliomyelitis	59	14,257	5,752	254	782	337	21,441
Reinforcing Doses							
Diphtheria	2	125	241	91	24,252	2,543	27,254
Whooping Cough	1	121	227	49	1,438	565	2,401
Tetanus	2	130	293	159	24,509	6,760	31,853
Poliomyelitis	2	151	277	86	22,865	6,199	29,580

Table 21 Tuberculosis—Mortality

Classification	Age at Death in Years																				Total		Grand Total
	0—		1—		5—		15—		25—		35—		45—		55—		65—		75—				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Respiratory ...	-	-	-	-	-	-	-	1	-	-	-	-	2	-	10	-	7	1	4	-	23	2	25
Other ...	-	-	-	-	-	-	-	-	1	-	-	1	-	-	3	1	1	-	1	-	6	2	8
Totals ...	-	-	-	-	-	-	-	1	1	-	-	1	2	-	13	1	8	1	5	-	29	4	33

Table 22 Tuberculosis—Notifications

		Age Periods													Total all Ages
		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
FORMAL NOTIFICATIONS:															
Respiratory, Males	...	-	-	1	1	2	9	8	16	7	17	31	20	14	126
Respiratory, Females	...	-	-	1	1	-	5	3	15	10	13	3	4	-	55
Non-respiratory, Males	...	-	-	1	1	-	-	-	2	-	4	1	-	1	10
Non-respiratory, Females	...	-	-	1	1	-	2	1	3	8	2	2	-	2	22
															<hr/> 213 <hr/>
SUPPLEMENTAL NOTIFICATIONS:															
Respiratory, Males	...	-	-	-	-	-	-	-	-	-	-	1	3	-	4
Respiratory, Females	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-respiratory, Males	...	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Non-respiratory, Females		-	-	-	-	-	-	-	-	-	-	-	-	-	-
															<hr/> 5 <hr/>

The source of information of the supplemental notifications was posthumous notifications (4 respiratory, 1 non-respiratory).



Table 23 Tuberculosis—Number of Cases on Register

Div. No.	Number of cases on register 1st January, 1973				Number of cases added to register				Number of cases removed from register				Number of cases remaining on register 30th September, 1973				Per 1,000 Popu- lation	
	Respiratory		Non-Res- piratory		Respi- ratory		Non-Res- piratory		Respi- ratory		Non-Res- piratory		Respiratory		Non-Res- piratory			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1	93	35	17	18	4	2	—	1	23	3	1	—	74	34	16	19	143	1.8
3	106	46	9	5	16	8	3	1	15	8	2	1	107	46	10	5	168	3.0
4	101	42	7	6	4	—	—	1	29	10	2	—	76	32	5	7	120	1.7
5	278	150	21	27	11	6	1	2	6	—	—	—	283	156	22	29	490	3.7
7	86	38	2	5	7	4	—	1	9	3	—	3	84	39	2	3	128	1.1
9	128	98	33	23	7	1	—	—	4	1	—	—	131	98	33	23	285	2.0
10	58	34	6	12	—	—	—	—	1	3	1	—	57	31	5	12	105	2.1
11	346	210	58	68	12	2	2	2	26	11	—	—	332	201	60	70	663	5.1
13	47	33	2	7	4	3	—	—	7	8	—	1	44	28	2	6	80	0.8
15	60	52	45	23	9	6	5	2	10	5	—	1	59	53	50	24	186	1.7
18	154	70	11	11	7	4	—	3	14	4	—	1	147	70	11	13	241	2.2
20	86	49	17	18	5	3	—	—	7	6	1	1	84	46	16	17	163	1.6
23	174	107	24	36	7	1	—	1	7	5	1	2	174	103	23	35	335	5.1
Leeds R.H.B.	1,717	964	252	259	93	40	11	14	158	67	8	10	1,652	937	255	263	3,107	2.5
22	164	84	57	37	4	1	—	2	7	5	1	5	161	80	56	34	331	3.8
25	134	83	8	16	13	4	1	2	10	8	—	1	137	79	9	17	242	3.1
26	284	150	36	43	10	3	—	1	7	5	—	—	287	148	36	44	515	4.8
27	114	76	54	43	16	7	—	5	17	8	1	—	113	75	53	48	289	2.3
29	47	31	20	7	8	3	—	—	7	7	—	—	48	27	20	7	102	2.6
31	177	73	41	36	4	3	—	1	4	1	—	—	177	75	41	37	330	3.0
Sheff. R.H.B.	920	497	216	182	55	21	1	11	52	34	2	6	923	484	215	187	1,809	3.3
West Riding	2,637	1,461	468	441	148	61	12	25	210	101	10	16	2,575	1,421	470	450	4,916	2.7

**Table 24    B.C.G. Vaccination**

Details of B.C.G. vaccination given to the various categories under Section 28 of the *National Health Service Act* are shown below:

(a) **CONTACTS.**—A total of 1,228 contacts were vaccinated as follows:

Age (years)			
0-4	5-15	16+	Total
778	280	170	1,228

(b) **SCHOOL CHILDREN.**—A total of 12,809 school children were vaccinated under the County scheme, and the following is a summary of the work carried out.

*Acceptances:*

Number of children offered tuberculin testing and vaccination if necessary	...	...	...	...	...	...	...	18,396
Number found to have been vaccinated previously	...	...	...	...	...	...	...	547
Number of acceptances	...	...	...	...	...	...	...	15,820
Percentage of acceptances	...	...	...	...	...	...	...	88.7

*Pre-vaccination tuberculin test:*

Number of children tested	...	...	...	...	...	...	14,588
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Result of test:

			<i>Heaf Test</i>	<i>Mantoux Test</i>		
Positive	...	...	834	41		
Negative	...	...	11,165	1,706		
Not ascertained	...	...	808	34	Total	14,588
Percentage positive	...	...	7.0	2.3	...	6.4



**Vaccination:**

**Number vaccinated—**

Following negative Heaf Test	...	...	11,103	
Following negative Mantoux Test	...	...	1,706	Total ... 12,809

**Tuberculin test 12 months after vaccination:**

Number tuberculin tested after 12 months	...	...	...	913
Result of test—				
Positive	...	...	...	662
Negative	...	...	...	109
Not ascertained	...	...	...	142
			Total ...	913

(c) STUDENTS ATTENDING UNIVERSITIES, TEACHER-TRAINING COLLEGES, TECHNICAL COLLEGES OR OTHER ESTABLISHMENTS FOR FURTHER EDUCATION.  
No students were tuberculin tested during 1973.

### Table 25 Tuberculosis—Mass Radiography Surveys

### A.—LEEDS UNITS

Survey undertaken in Division No.	Number Examined	Abnormalities Discovered			
		Tuberculosis		* Other	Total
		Active	Inactive		
3 (Keighley) ... ..	49	—	1	—	1
4 (Shipley) ... ..	614	Not	available	—	—
5 (Horsforth) ... ..	3,295	2	4	11	17
7 (Harrogate) ... ..	276	1	—	1	2
10 (Goole) ... ..	2,684	—	1	29	30
11 (Castleford/Pontefract) ... ..	278	—	—	—	—
13 (Morley) ... ..	—	Not	available	—	—
15 (Spenborough) ... ..	1,748	3	3	6	12
18 (Calder Valley) ... ..	83	—	—	1	1
20 (Colne Valley) ... ..	39	—	—	—	—
Totals ... ..	9,066	6	9	48	63

## B.—SHEFFIELD UNITS

Survey undertaken in Division No.	Number Examined	Abnormalities Discovered			
		Tuberculosis		* Other	Total
		Active	Inactive		
27 (Doncaster) ... ..	581	1	6	69	76
29 (Thorne)... ..	89	—	2	18	20
Totals ... ..	670	1	8	87	96

Totals for the County Area	...	9,736	7	17	135	159
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\*Details of the 135 “ Other ” abnormalities are as follows:

	<i>Leeds Region</i>	<i>Sheffield Region</i>
1. Abnormalities of the bony thorax and soft tissues— congenital ... ..	—	2
2. Abnormalities of the bony thorax and soft tissues— acquired ... ..	—	1
3. Tumours of the bony thorax; primary and secondary	—	—
4. Congenital malformations of the lungs ... ..	—	—
5. Bacterial and virus infections of the lungs ...	5	—
6. Other infections of the lungs ... ..	—	—
7. Bronchiectasis ... ..	1	2
8. Honeycomb lung ... ..	—	—
9. Emphysema ... ..	3	3
10. Pulmonary fibrosis—non-tuberculous ... ..	5	2
11. Pneumoconiosis ... ..	—	57
12. Spontaneous pneumothorax ... ..	—	—
13. Benign tumours of lungs and mediastinum ...	1	—
14. Carcinoma of the lung and mediastinum ...	1	—
15. Metastases in the lung and mediastinum... ..	—	3
16. Enlarged mediastinal and bronchial glands— non-tuberculous ... ..	—	—
17. Sarcoidosis and collagenous disease ... ..	1	—
18. Pleural thickening or calcification—non-tuberculous	4	1
19. Abnormalities of diaphragm and œsophagus— congenital and acquired ... ..	3	—
20. Congenital abnormalities of heart and vessels ...	—	—
21. Acquired abnormalities of heart and vessels ...	3	11
22. Miscellaneous ... ..	1	4
23. Pneumoconiosis with tuberculosis ... ..	—	—
24. Awaiting classification ... ..	20	1
	<hr/> 48 <hr/>	<hr/> 87 <hr/>

Table 26    Venereal and Sexually Transmissible Diseases—New Cases, 1938-73

Year	Syphilis	Gonorrhœa	Other Genital Infections	Other Conditions	Total of New Cases
1938	346	650	Figures not available	503	1,499
1939	403	678		593	1,674
1940	299	499		497	1,295
1941	331	552		587	1,470
1942	423	479		735	1,637
1943	487	654		1,344	2,485
1944	413	560		1,383	2,356
1945	473	767		1,419	2,659
1946	723	1,140		1,859	3,722
1947	573	729		1,511	2,813
1948	463	550		1,403	2,416
1949	435	383		1,360	2,178
1950	357	304		1,447	2,108
1951	247	171		1,212	1,630
1952	219	211		1,275	1,705
1953	214	182		1,228	1,624
1954	178	152		1,189	1,519
1955	175	135		1,168	1,478
1956	155	99		1,143	1,397
1957	152	125		1,078	1,355
1958	124	138		1,129	1,391
1959	112	405		1,352	1,869
1960	83	338		1,550	1,971
1961	85	286		1,669	2,040
1962	69	244		1,623	1,936
1963	74	272		1,734	2,080
1964	67	286		1,841	2,194
1965	57	327		2,153	2,537
1966	48	406		2,160	2,614
1967	47	510		2,255	2,812
1968	47	506		2,527	3,080
1969	30	537		2,845	3,412
1970	41	588		3,204	3,833
1971	38	647	2,044	1,759	4,488
1972	44	641	2,271	1,737	4,693
1973	19	603	1,803	1,464	3,889



Table 27     Syphilis—Type and Stage of Disease, 1950-73

Year	Syphilis			
	Acquired		Congenital	
	Early	Late	Under 1 year	Over 1 year
1950	76	221	4	56
1951	58	144	4	41
1952	19	163	1	36
1953	9	155	1	49
1954	7	144	—	27
1955	6	128	1	40
1956	9	120	—	26
1957	1	122	—	29
1958	5	99	—	20
1959	12	80	—	20
1960	—	73	—	10
1961	4	67	—	14
1962	4	55	1	9
1963	5	57	—	12
1964	8	51	1	7
1965	8	45	—	4
1966	10	34	—	4
1967	8	33	—	6
1968	7	35	—	5
1969	9	18	—	3
1970	6	23	—	12
1971	9	26	—	3
1972	9	30	—	5
1973	2	12	—	5

Table 28 Venereal Diseases etc.—Distribution of New Cases by Treatment Centres

Special Treatment Centre	Syphilis	Gonor-rhœa	Other Genital Infec-tions	Other Con-ditions	Total
Airedale General Hospital ... ..	2	23	84	59	168
Barnsley Clinic, Queen's Road ... ..	2	29	101	107	239
Bradford St. Luke's Hospital ... ..	—	56	188	95	339
Burnley General Hospital ... ..	—	2	7	3	12
Dewsbury General Hospital ... ..	—	24	75	84	183
Doncaster Royal Infirmary ... ..	5	120	408	159	692
Halifax Royal Infirmary... ..	—	39	47	44	130
Harrogate General Hospital ... ..	1	24	60	65	150
Huddersfield Royal Infirmary ... ..	—	25	55	67	147
Hull, Mill Street Clinic ... ..	—	—	—	—	—
Leeds General Infirmary... ..	5	124	339	314	782
Oldham & District General Hospital ... ..	—	—	—	—	—
Rotherham Moorgate General Hospital	—	51	141	104	296
Sheffield Royal Infirmary ... ..	—	26	59	111	196
Wakefield Clayton Hospital ... ..	4	43	210	232	489
York County Hospital ... ..	—	17	29	20	66
	19	603	1,803	1,464	3,889

Table 29      Gonorrhœa—New Cases—Age Distribution

Sex	Under 20		20 to 24		25 and over	
Males	58	15·9	115	31·6	191	52·5
Females	84	35·1	68	28·4	87	36·4

Table 30      Venereal Diseases etc.—Contact Tracing

Total number of contacts reported ... ..	36				
Located and examined ... ..		32			
Not infected ... ..			3		
Infected ... ..			29		
Already under treatment ... ..				—	
Brought under treatment ... ..				29	
Syphilis ... ..					—
Gonorrhœa ... ..					23
Other conditions ... ..					6
Located ... ..		2			
Not examined ... ..			2		
Transferred to other authority ... ..			—		
Not located ... ..		2			
Insufficient information ... ..			—		
Unable to locate ... ..			2		



**Table 31      Antenatal Patients with Positive Serological Tests for Syphilis**

Total number reported	Transferred to other local authorities	West Riding patients with positive tests	Not referred to Special Clinics	Referred to Special Clinics	Found to have Syphilis		Found not to have Syphilis
					New patients	Old patients	
1	—	—	1	—	—	—	—

**Table 32      Venereal Diseases etc.—Defaulters**

Total number of defaulters	Returned to clinic after visiting	Failed to return	Removed, unable to locate	Transferred	Number of ineffective visits	Number of re-visits
17	9	7	1	—	93	46

**Table 33    Gonorrhœa—New Cases—Males/Females Numbers and Ratios**

Year	Gonorrhœa		Ratio		
	Males	Females	Males		Females
1961	204	82	2·5	:	1
1962	185	59	3·1	:	1
1963	187	85	2·2	:	1
1964	211	75	2·8	:	1
1965	224	103	2·2	:	1
1966	265	141	1·9	:	1
1967	341	169	2·0	:	1
1968	343	163	2·1	:	1
1969	347	190	1·8	:	1
1970	376	212	1·8	:	1
1971	406	241	1·7	:	1
1972	404	237	1·7	:	1
1973	364	239	1·5	:	1

Table 34    Divisional Administration

Div. No.	County Districts	Population (Estimated Mid. 1972)	Acreage	Divisional Medical Officer, Divisional Administrative Officer and Divisional Nursing Officer	Address of Divisional Health Office
1	Barnoldswick U.	9,840	2,764	Dr.R. Singh Mr. K. A. Knowles Miss F. Stevenson	9, High Street, Skipton BD23 1AB Tel. Skipton 2438/9
	Earby U.	4,820	3,519		
	Silsden U.	5,550	7,101		
	Skipton U.	12,560	4,211		
	Bowland R.	5,120	83,327		
	Sedbergh R.	3,580	52,674		
	Settle R.	13,710	152,087		
	Skipton R.	26,240	146,071		
		81,420	451,754		
3	Keighley B.	55,690	23,611	Dr. V. P. McDonagh Mr. A. S. Sanderson (D.N.O. Vacant)	3, Bow Street, Keighley BD21 3PD Tel. Keighley 2244/5
4	Baildon U.	14,760	2,831	Dr. V. P. McDonagh Mr. F. G. Falking- ham Mrs. M. P. McQuaid	P.O. Box 24, Town Hall, Shipley BD18 3EJ Tel. Shipley 51363
	Bingley U.	26,530	11,418		
	Denholme U.	2,600	2,536		
	Shipley U.	28,550	2,184		
		72,440	18,969		
5	Pudsey B.	38,290	5,323	Dr. A. Telford Burn Mr. A. Hartley Miss D. Topley	The Green, Horsforth LS18 5JA Tel. Horsforth 5821
	Aireborough U.	30,060	6,856		
	Horsforth U.	19,870	2,706		
	Ilkley U.	22,160	8,610		
	Otley U.	13,230	2,934		
	Wharfedale R.	7,350	39,378		
		130,960	65,807		
7	Harrogate B.	64,280	8,320	Dr. N. V. Hepple Mr. K. A. Knowles Miss M. L. Griffin	Windsor House, Cornwall Road, Harrogate HG1 2PG Tel. Harrogate 55331
	Ripon City	11,870	1,812		
	Knaresborough U.	11,770	2,494		
	Nidderdale R.	17,700	75,009		
	Ripon and Pateley Bridge R.	14,170	124,861		
		119,790	212,496		
9	Garforth U.	26,210	4,020	Dr. E. M. Hargreaves Mr. S. Hobson Mrs. C. B. Macaulay	12 Crossley St., Wetherby LS22 4RT Tel. Wetherby 2738 AND Oulton Lane, Rothwell LS26 CED Tel. Leeds 822326/7
	Rothwell U.	28,300	10,698		
	Stanley U.	21,240	4,866		
	Tadcaster R.	35,190	72,987		
	Wetherby R.	31,160	64,424		
		142,100	156,995		



Div. No.	County Districts	Population (Estimated Mid. 1972)	Acreage	Divisional Medical Officer, Divisional Administrative Officer and Divisional Nursing Officer	Address of Divisional Health Office
10	Goole B. Selby U. Goole R. Selby R.	17,920	1,267	Dr. M. J. Lowe Mr. R. Towell Miss C. J. Badcock	6/7, Belgravia, Goole DN14 5BY Tel. Goole 4216 and 2923
		11,580	3,848		
		9,500	36,776		
		10,510	32,909		
		49,510	74,800		
11	Castleford B. Pontefract B. Featherstone U. Knottingley U. Normanton U. Osgoldcross R.	37,980	4,394	Dr. J. F. Fraser Mr. C. R. Pickering Mrs. M. Craig	"Castledene," Pontefract Road, Castleford WF10 4AT Tel. Castle- ford 4201 AND Baghill House, Walkergate, Pontefract WF8 1QW Tel. Pontefract 3291
		31,320	4,865		
		15,340	4,424		
		17,050	2,835		
		17,540	3,067		
		9,320	33,954		
	128,550	53,539			
13	Morley B. Ossett B. Horbury U. Wakefield R.	44,860	9,494	Dr. G. Ireland Mr. A. Wright Mrs. A. Hall	Corporation St., Morley LS27 9EA Tel. Morley 7021/4
		17,690	3,333		
		8,970	1,280		
		24,520	21,344		
		96,040	35,451		
15	Batley B. Spenborough B. Heckmondwike U. Mirfield U.	42,310	4,457	Dr. W. M. Douglas Mr. D. Anthony Mrs. J. Pearson	Health Centre, Greenside, Cleckheaton BD19 5AP Tel. Cleck- heaton 3501/4 AND Market Place, Batley WF17 5DD Tel. Batley 3141
		41,430	8,251		
		9,550	696		
		17,480	3,394		
		110,770	16,798		
18	Brighouse B. Todmorden B. Elland U. Hebden Royd U. Queensbury and Shelf U. Ripponden U. Sowerby Bridge U. Hepton R.	34,640	7,873	Dr. S. H. Brock Mr. H. Marshall Miss C. J. Barker	Lawson Road, Brighouse HD6 1NZ Tel. Brighouse 2515 AND Abraham Ormerod Medical Centre, Todmorden OL14 7BY Tel. Todmor- den 2495
		14,950	12,789		
		17,750	5,946		
		8,710	7,084		
		10,810	2,795		
		4,850	13,289		
		16,170	5,763		
		3,340	21,758		
	111,220	77,297			

Div. No.	County Districts	Population (Estimated Mid. 1972)	Acreage	Divisional Medical Officer, Divisional Administrative Officer and Divisional Nursing Officer	Address of Divisional Health Office
20	Colne Valley U.	21,090	16,054	Dr. J. P. Stuart Mr. G. A. Beatson Mrs. S. North	6/8, St. Peter's Street, Huddersfield HD1 1DH Tel. Huddersfield 29526/8
	Denby Dale U.	11,500	10,165		
	Holmfirth U.	19,500	17,648		
22	Kirkburton U.	19,970	13,847	Dr. F. C. Armstrong Mr. P. Fullwood Miss S. Thwaites	Mortomley Hall, High Green, Sheffield S30 4HR Tel. High Green 8292
	Meltham U.	6,740	5,906		
	Saddleworth U.	21,260	18,485		
		100,060	82,105		
	Hoyland Nether U.	15,760	1,998		
	Penistone U.	8,260	5,593		
	Stocksbridge U.	13,560	4,630		
23	Penistone R.	7,530	29,002	Dr. J. S. Walters Mr. G. Ellis Miss D. Marsh	Adiscombe House, Barnsley Road, Hemsworth WF9 4NU Tel. Hemsworth 610377/8
	Wortley R.	41,650	48,130		
		86,760	89,353		
	Hemsworth U.	14,800	4,163		
25	Hemsworth R.	51,480	29,019	Dr. C. G. Oddy Mr. L. S. Wrigg Miss M. Sorby	33 Queen's Road Barnsley S71 1AW Tel. Barnsley 2247/8
		66,280	33,182		
	Cudworth U.	8,720	1,746		
	Darfield U.	7,840	2,018		
	Darton U.	15,530	4,717		
	Dodworth U.	4,540	1,857		
	Royston U.	8,880	1,423		
	Wombwell U.	18,000	3,838		
26	Worsbrough U.	15,340	3,420	Dr. D. J. Cusiter Mr. P. Goddard Miss V. Dunford	Dunford House, Wath upon Dearne S63 7DW Tel. Rotherham 872251/2
		78,850	19,019		
	Conisbrough U.	16,670	1,593		
	Dearne U.	25,040	3,888		
	Mexborough U.	15,910	1,452		
	Rawmarsh U.	19,860	2,600		
	Swinton U.	15,360	1,718		
27	Wath upon Dearne U.	14,950	2,677	Dr. R. Stalker Mr. E. K. New Miss D. M. E. Goldthorpe	Arndale Centre, Doncaster DN1 1PH Tel. Doncaster 61571
		107,790	13,928		
	Adwick le Street U.	17,870	3,605		
	Bentley with Arksey U.	22,500	4,950		
	Tickhill U.	3,460	5,580		
	Doncaster R.	82,530	75,093		
		126,360	89,228		



Div. No.	County Districts	Population (Estimated Mid. 1972)	Acreage	Divisional Medical Officer, Divisional Administrative Officer and Divisional Nursing Officer	Address of Divisional Health Office
29	Thorne R.	39,980	38,419	Dr. G. Higgins Mr. J. T. Howitt Miss C. J. Badcock	Council Offices, P.O. Box 4, Thorne DN8 5LF Tel. Thorne 3130
31	Maltby U. Kiveton Park R. Rotherham R.	13,980 27,550 68,730	4,788 20,070 28,856	Dr. D. J. Cusiter Mr. A. Hill (DNO Vacant)	"Edenthorpe," Grove Road, Rotherham S60 2ER Tel. Rotherham 3131/2
		110,260	53,714		

Table 35    Dental Services for Expectant and Nursing Mothers and Children under 5 years

Attendances and Treatment

	Children 0—4 (incl.)		Expectant and Nursing Mothers	
First Visit ... ..	847	(1,129)	138	(184)
Subsequent Visits ... ..	482	(643)	368	(491)
Additional Courses of Treatment commenced	31	(41)	2	(3)
Number of Fillings ... ..	892	(1,189)	350	(467)
Teeth Filled ... ..	814	(1,085)	225	(300)
Teeth Extracted ... ..	992	(1,323)	306	(408)
General Anæsthetics ... ..	397	(529)	58	(77)
Emergencies ... ..	178	(237)	23	(31)
Patients X-Rayed ... ..	14	(19)	17	(23)
Prophylaxis ... ..	94	(125)	65	(87)
Teeth otherwise conserved ... ..	48	(64)	—	(—)
Teeth Root Filled ... ..	—	(—)	2	(3)
Inlays ... ..	—	(—)	1	(1)
Crowns ... ..	—	(—)	5	(7)
Courses of Treatment completed ... ..	675	(900)	83	(111)

Prosthetics

Patients supplied with F.U. or F.L. (First Time)	25	(33)
Patients supplied with Other Dentures ... ..	21	(28)
Number of Dentures supplied ... ..	78	(104)

Anæsthetics

General Anæsthetics administered by Dental Officers	455	(606)
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Inspections

	Children 0—4 (incl.)		Expectant and Nursing Mothers	
Number of First Inspections ... ..	A.	1,150 (1,533)	D.	142 (189)
Number in A. and D. requiring treatment ... ..	B.	847 (1,129)	E.	138 (184)
Number in B. and E. offered treatment ... ..	C.	847 (1,129)	F.	138 (184)

Sessions

Number of sessions devoted to M. & C.W. patients

For Treatment ... ..	255	(340)
For Health Education ... ..	4	(5)



Table 36 Antenatal Relaxation Classes

No. of sessions:								
(a)	separate	...	...	...	...	...	...	3,536
(b)	combined with antenatal clinics	...	...	...	...	...	...	39
Total								3,575 (4,783)
No. of women attending:								
(a)	hospital booked	...	...	...	...	...	...	4,147
(b)	domiciliary booked	...	...	...	...	...	...	256
Total								4,403 (5,841)
Total number of attendances:								
(a)	hospital booked	...	...	...	...	...	...	19,693
(b)	domiciliary booked	...	...	...	...	...	...	1,201
Total								20,894 (27,743)

Table 37 Ortolani Testing for Congenital Dislocation of the Hip—Summary of tests carried out, 1965-73

	1965	1966	1967	1968	1969	1970	1971	1972	1973
(a) Cases referred to specialist, confirmed as congenital dislocation of the hip and splinted ... ..	17	52	69	64	62	89	142	120	114
No. included in (a) referred by staff employed by the Authority ... ..	9	27	31	27	21	31	79	74	60
(b) Cases referred to specialist and said not to be congenital dislocation of the hip ...	31	62	43	78	61	108	237	172	148
(c) Cases referred to specialist, not splinted but given further review appointments	13	24	18	35	45	62	173	143	123

Table 38 Premature Babies

Total adjusted live births—19,612      Number of live premature births—1,248 (1,656)      Percentage of premature live births to total live births—6.4  
(26,061)      Number born dead—120 (159)

Weight Group	Number of Premature Births					Number Dying														Number Surviving					Percentage Survival							
	Born Alive				To- tal	Bord Dead	First Week							Second Week							over 28 days					Percentage Survival 1973	in previous years					
	A	B1	B2	C			1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over 14 up to 28 days	A	B1	B2	C		Total	1972	1971	1970	1969	1968
5—5½	31	3	211	312	557	18	5	3	5	1	—	—	—	—	—	—	—	—	—	1	30	3	206	303	542	97.3	98.7	97.6	97.1	97.8	97.1	
4½—5	8	1	101	159	269	15	7	2	1	—	—	—	—	—	—	—	—	—	—	8	1	98	152	259	96.3	95.5	95.8	94.7	95.5	95.8		
4—4½	9	—	56	88	153	13	6	3	—	1	3	—	—	—	—	—	1	—	—	9	—	48	82	139	90.8	91.0	89.5	91.4	93.4	92.0		
3½—4	4	—	33	62	99	14	9	1	—	—	1	—	—	—	—	1	—	—	—	3	—	30	53	86	86.9	85.2	81.9	73.5	81.9	81.6		
3—3½	4	—	26	30	60	15	12	2	3	1	—	—	—	—	—	—	—	—	2	3	—	15	21	39	65.0	67.0	76.0	66.1	72.3	57.3		
2½—3	6	—	15	26	47	12	13	6	3	1	—	—	—	—	—	—	—	—	1	1	—	9	13	23	48.9	46.2	60.0	46.3	54.2	38.9		
2—2½	2	—	12	18	32	17	9	3	1	—	1	—	—	—	—	—	—	1	—	1	—	5	9	15	46.9	30.0	20.5	23.4	28.8	20.7		
1½—2	1	—	7	11	19	9	10	4	1	—	—	—	—	—	—	—	—	—	—	1	—	2	1	4	21.1	2.4	3.0	—	8.8	3.2		
1½ and under	1	1	1	9	12	7	10	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.3	—	—	—	—		
Total	66	5	462	715	1248	120	81	25	14	5	5	—	1	1	2	—	—	2	—	1	4	56	4	413	634	1107	88.7	87.8	88.6	86.3	88.9	86.6

131      6      141

A —Born in Domiciliary Practice.  
B1—Born in Private Nursing Home.  
B2—Born in Maternity Home.  
C —Born in General Hospital.

The weight groups in the first column of this table should be read as under :  
“ 5—5½ lb.” means “ Over 5 lb. up to and including 5½ lb.”  
“ 4½—5 lb.” means “ Over 4½ lb. up to and including 5 lb.”  
The remaining weight groups should be read in the same way.



**Table 39    Distribution of Welfare Foods**

Year	National Dried Milk (Packets)	Cod Liver Oil (Bottles)*	Vitamin A & D Tablets (Packets)*	Orange Juice (Bottles)*	Vitamin A, D & C Drops (Bottles)†	Vitamin A, D & C Tablets (Packets)‡
1969	52,771	26,595	22,727	447,379	—	—
1970	43,393	26,049	24,432	494,497	—	—
1971	38,783	16,351	19,814	536,351	34,576	—
1972	46,171	1,113	3,866	73,057	148,179	11,554
1973	70,378 (92,378)	—	—	—	48,748 (60,748)	10,510 (13,210)

\* Provision now discontinued.  
† New provision from 4th April, 1971.  
‡ New provision from 1st January, 1972, to expectant and nursing mothers.

Table 40 Midwifery—Hospital and Domiciliary Confinements

Divi- sion No.	Area	Population (Estimated mid-1972)	Total noti- fied births (Live and Still)	Place of Birth					
				Hospital				Domici- liary	
				No.	No. of Early Discharges			No.	%
					At 48 hours	After 48 hours up to and inclu- ding 7th day	After 8 or more days		
1	Skipton ... ..	81,420	791	776	3	491	138	15	2
3	Keighley ... ..	55,690	644	639	15	452	116	5	1
4	Shipley ... ..	72,440	804	778	115	421	95	26	3
5	Horsforth ... ..	130,960	1,347	1,322	191	464	539	25	2
7	Harrogate ... ..	119,790	1,114	1,100	244	416	251	14	1
9	Rothwell/Wetherby	142,100	1,579	1,308	328	604	181	271	17
10	Goole ... ..	49,510	554	495	126	127	72	59	11
11	Castleford/ Pontefract ... ..	128,550	1,348	1,182	132	548	161	166	12
13	Morley ... ..	96,040	1,111	965	212	298	297	146	13
15	Spenborough ... ..	110,770	1,305	1,258	160	259	498	47	4
18	Calder Valley ... ..	111,220	1,143	962	65	168	109	181	16
20	Colne Valley ... ..	100,060	1,090	1,021	84	223	103	69	6
22	Wortley ... ..	86,760	985	950	180	603	340	35	3
23	Hemsworth ... ..	66,280	609	483	82	356	84	126	21
25	Barnsley ... ..	78,850	813	704	36	154	218	109	13
26	Wath ... ..	107,790	1,184	1,102	6	954	100	82	7
27	Doncaster ... ..	126,360	1,505	1,443	55	583	93	62	4
29	Thorne ... ..	39,980	526	493	32	207	20	33	6
31	Rotherham ... ..	110,260	1,365	1,266	405	445	106	99	7
Leeds Hospital Board Region ... ..		1,264,830	13,439	12,289	1,757	4,827	2,644	1,150	9
Sheffield Hospital Board Region ... ..		550,000	6,378	5,958	714	2,946	877	420	7
West Riding Administrative County		1,814,830	19,817 (26,334)	18,247 (24,274)	2,471 (3,291)	7,773 (10,357)	3,521 (4,689)	1,570 (2,060)	8 (8)



Table 41     Health Visiting

Type of Case or Household	Number visited	Number visited at special request of	
		Hospital	General Practi- tioner
Children born in 1973 ... ..	19,106 (25,475)	101	186
Other children under 5 years of age ... ..	73,074 (97,432)	228	1,353
Persons aged between 5 and 16 ... ..	5,194 (6,925)	175	853
Persons aged between 17 and 64 ... ..	9,311 (12,415)	1,098	2,543
Persons aged 65 and over ... ..	30,599 (40,798)	2,338	6,266
No. of cases included in above who are mentally handicapped ... ..	312	18	72
No. of cases included in above who are mentally ill ...	248	13	121
Households visited on account of tuberculosis ...	1,028	246	82
Households visited on account of other infectious diseases ... ..	667	31	327
Households visited for any other reason ... ..	1,094	38	134

Health visitors attended 4,696 (6,261) case conferences lasting more than half-an-hour.

Conferences with social workers ... ..	481
Conferences with hospital staff ... ..	871
Conferences with general practitioners ... ..	2,442
Conferences with any combination of above ... ..	208
Conferences with other agencies ... ..	694

Health visitors also spent a total of 31,500 (41,800) hours in schools and made 5,822 (7,763) home visits in connection with school health activities.

Table 42 Health Visiting—Clinic and Health Education Sessions

Health visitors attended 36,893 (49,190) clinic sessions. Details are given below of the various clinics:									
Type of Clinic									No. of Sessions
Child health (infant welfare)	...	...	...	...	...	...	...	...	20,617
Screening for infant deafness	...	...	...	...	...	...	...	...	3,866
Cervical cytology	...	...	...	...	...	...	...	...	1,190
Vaccination and immunisation	...	...	...	...	...	...	...	...	2,884
Ultra violet light	...	...	...	...	...	...	...	...	13
Minor ailments	...	...	...	...	...	...	...	...	308
Cardiac	...	...	...	...	...	...	...	...	16
Pædiatric	...	...	...	...	...	...	...	...	428
Family planning	...	...	...	...	...	...	...	...	1,134
Ophthalmic	...	...	...	...	...	...	...	...	1,146
Orthopædic	...	...	...	...	...	...	...	...	39
Ear, nose and throat	...	...	...	...	...	...	...	...	56
Dermatological	...	...	...	...	...	...	...	...	—
Diabetic	...	...	...	...	...	...	...	...	157
Chest	...	...	...	...	...	...	...	...	316
Geriatric	...	...	...	...	...	...	...	...	265
Developmental assessments	...	...	...	...	...	...	...	...	4,451
Others	...	...	...	...	...	...	...	...	7
Health visitors attended 3,310 (4,413) health education sessions as indicated below:									
Health education sessions held in health centres	...	...	...	...	...	...	...	...	583
Health education sessions held in general practitioners' surgeries	...	...	...	...	...	...	...	...	83
Health education sessions held in maternity and child welfare centres	...	...	...	...	...	...	...	...	1,223
Health education sessions held in schools	...	...	...	...	...	...	...	...	1,110
Health education sessions held in hospitals	...	...	...	...	...	...	...	...	71
Health education sessions held elsewhere	...	...	...	...	...	...	...	...	240

Table 43 Home Nursing—Total Cases Visited

Place where first treatment during year by the home nurse took place	Number of persons treated during year aged			
	Under 5	5—64	65 and over	Total
Patient's home	960	11,160	17,856	29,976 (39,530)
Health centres	350	5,180	810	6,340 (8,582)
General practitioners' premises (excluding those in health centres)	715	9,343	1,653	11,711 (15,677)
Maternity and child health centres	174	1,792	432	2,398 (3,203)
Hospital	3	42	30	75 (100)
Residential homes	—	22	305	327 (500)
Elsewhere	4	45	108	157 (201)
Totals	2,206	27,584	21,194	50,984 (67,793)



Table 44 Ambulance Service

	1973		1972		Variation 1973 to 1972 (based on estimated figures)	
	Patients	Miles	Patients Actual	Miles Actual	Patients	Miles
Direct Service... ..	593,104 (790,800)	3,762,910 (5,017,308)	776,433	4,841,094	+14,367	+176,214
Agencies (including Sedbergh Taxis) ...	20,229 (26,964)	172,714 (230,280)	33,266	284,294	—6,302	—54,014
Hospital Car Service ...	11,319 (15,084)	273,890 (365,184)	13,995	371,146	+1,089	—5,962
Total 9 Months Actual	624,652	4,209,514				
(Total Estimated Figures for Twelve Months) ...	(832,848)	(5,612,772)	823,694	5,496,534	+9,154	+116,238

Table 45 Ambulance Service—Accidents Attended

Type of Accident	1973		1972		Variation based on Est. figures 1973 (Est.) to 1972 actual	
	Number of Accidents	Number of Patients	Number of Accidents	Number of Patients	Accidents	Patients
Road ... ..	3,664 (4,884)	5,253 (7,008)	4,687	6,819	+194	+189
Street ... ..	1,617 (2,160)	1,659 (2,208)	1,669	1,700	+491	+508
Works... ..	1,121 (1,476)	1,152 (1,516)	1,317	1,337	+159	+179
Home ... ..	5,243 (6,996)	5,277 (7,032)	5,944	5,992	+1,052	+1,040
School... ..	475 (636)	482 (636)	582	591	+54	+45
Sport ... ..	505 (672)	512 (684)	558	564	+114	+120
Drowning ... ..	7 (12)	7 (12)	13	17	—1	—5
Miscellaneous ...	133 (180)	143 (192)	105	107	+75	+85

Table 46 Ambulance Service—Training given to other County Departments and Outside Organisations

Organisation	SUBJECT AND NUMBER OF SESSIONS				Number attending	HOURS	
	Essential First Aid	Full First Aid	Emergency Resuscita- tion	Visits to Stations and HQ		In Working Time	Outside Working Time
Schools ... ..	9	14	11	4	1,389	56	
Teacher Training Colleges ...	1	20			75	1	39½
Further Education Establishments ...	1	8	3		83	29½	
Other County Departments ... ..	2		12	1	396	29	4
Other Local Authorities	1				23	1½	
Hospital Staff ... ..			1	20	402	43	4
Other Organisations ...	8	6	11	12	760	55	57
TOTALS... ..	22	48	38	37	3,128	215	104½

**Table 47    Health Education**  
**SUMMARY OF ACTIVITIES**

Subject	Estimated Audience			
	Clinics	Schools	*Other	Total
Ante and Post Natal, Childbirth ...	9,581	2,407	254	12,242
Child Development ... ..	5,720	3,221	383	9,324
Personal and Dental Hygiene ... ..	2,762	12,599	445	15,806
Personal Relationships including V.D....	477	8,470	1,504	10,451
Accident Prevention ... ..	4,661	5,386	6,461	16,508
Vaccination and Immunisation...	591	1,281	250	2,122
Nutrition, Food, Hygiene, General Health	4,299	6,098	1,347	11,744
Cancer Education ... ..	1,352	6,083	2,078	9,513
Family Planning ... ..	108	548	150	806
Local Health Services ... ..	303	933	1,462	2,698
Aged ... ..	32	56	25	113
First Aid and Home Nursing ... ..	77	650	272	999
Totals ...	29,963	47,732	14,631	92,326

\*Includes Mothers' Clubs, Women's Institutes, Guides, Scouts, Youth Clubs, St. John Cadets, Darby and Joan Clubs, etc.

**SUMMARY OF EXHIBITIONS**

Exhibit	Number of venues		Number of days on display	
Puppet Exhibition No. 1 (indoor activities)	19	(27)	166	(238)
Puppet Exhibition No. 2 (outdoor activities)	15	(19)	120	(143)
Medicines Display	14	(18)	157	(202)
Smoking and Lung Cancer Display	25	(30)	219	(264)
Nursing Stands	2	(3)	23	(38)
Factors Affecting the Unborn Child	2	(5)	58	(84)
Other Displays	87	(123)	435	(578)



Table 48 Provision of Nursing Equipment in the Home

Item	Total No. available for loan	No. of issues during year
Bath seats ... ..	60	63
Bedding: blankets, pillows and cases, sheets, etc. ... ..	1,184	566
Bed blocks ... ..	133	91
Bed cradles ... ..	1,043	1,400
Bed pans ... ..	2,523	3,646
Bed rests ... ..	1,314	1,928
Bed tables ... ..	21	17
Bedsteads: hospital, with self-lifting pole, and other ... ..	398	484
Chairs: geriatric, relaxing, high rest, 'Amesbury' play, stairway (carrying), etc. ... ..	131	155
Commodes: chair and other... ..	1,728	3,168
Enuresis alarms ... ..	502	1,219
Fracture boards ... ..	241	295
Hydraulic hoists ... ..	75	100
Lifting pole and chain ... ..	110	161
Mattresses: various types ... ..	528	702
Sleepskins ... ..	320	477
Rubber/Plastic sheets ... ..	2,548	2,574
Tables: 'Amesbury' play ... ..	1	1
Walking aids: 'Amesbury', 'Bonaped', 'Zimmer', tripod, 'Com- panion', 'Fordham', 'Mycroft', 'Welwyn', 'Winchester', etc., crutches and walking sticks ... ..	3,319	4,608
Wheelchairs: bath, folding, junior, self-propelled, spinal, stair- way, etc. ... ..	823	1,829
Miscellaneous ... ..	187	202

Table 49    Chiropody Treatment

	Voluntary Association Schemes	Direct Service by County Council	Total
<i>Number of sessions held:</i>			
In voluntary association premises ... ..	2,074	—	2,074
In clinic premises ... ..	—	10,716	10,716
	2,074	10,716	12,790
<i>Number of patients treated:</i>			
In chiropodists' surgeries:			
Pensioners ... ..	1,987	8,931	10,918
Physically handicapped ... ..	26	97	123
Expectant mothers ... ..	—	2	2
In voluntary association or clinic premises:			
Pensioners ... ..	5,790	25,426	31,216
Physically handicapped ... ..	90	456	546
Expectant mothers ... ..	1	13	14
Domiciliary treatment:			
Pensioners ... ..	2,482	16,309	18,791
Physically handicapped ... ..	84	674	758
Expectant mothers ... ..	—	—	—
Total number of patients treated ... ..	10,460	51,908	62,368
<i>Total number of treatments given:</i>			
Pensioners ... ..	31,691	189,920	221,611
Physically handicapped ... ..	569	3,869	4,438
Expectant mothers ... ..	1	25	26
	32,261 (42,513)	193,814 (261,553)	226,075 (304,066)
Number of patients treated per session ... ..	9.0	8.4	8.5
Percentage of total patients treated receiving domiciliary treatment ... ..	24.5	32.7	31.3
Percentage of aged population receiving treatment (men over 65 years and women over 60 years) ... ..	3.6	18.1	21.7



**Table 50    Milk (Special Designation) Regulations, 1963 and Milk (Special Designation) (Amendment) Regulations, 1965—Dealers Licensed**

Number of Licence Holders	Dealing in pre-packed milk			
	Untreated	Pasteurised	Sterilised	Ultra Heat Treated
3,271	637	1,912	2,375	523

**Table 51    Milk (Special Designation) Regulations, 1963 and Milk (Special Designation) (Amendment) Regulations, 1965—Details of Samples obtained from Dealers in the County Area**

Untreated			Pasteurised					Sterilised		Ultra Heat Treated	
Methylene Blue Test			Phosphatase Test		Methylene Blue Test			Turbidity Test		Colony Count	
Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
1,127 (1,558)	124 (148)	172 (180)	1,312 (1,852)	5 (5)	1,117 (1,649)	101 (105)	99 (103)	26 (39)	— (—)	91 (104)	— (—)

**Table 52    Milk (Special Designation) Regulations, 1963 as amended—Licensed Establishments for Pasteurising and Ultra Heat Treatment of Milk.**

**PASTEURISED MILK:**

- Barber, H., Crossley Farm, Crossley Lane, Mirfield.
- Brook, W. H. & Sons, Wheatley Hill Farm, Clayton West.
- Chappell, R. M., Nether End Farm, Denby Dale.
- Co-operative Retail Services Ltd., Doncaster Branch, York Road, Doncaster.
- Co-operative Retail Services Ltd., Goole Branch, Centenary Road, Goole.
- Crawshaw, J., Blake Lea Dairy, 103, Arksey Lane, Bentley.
- Doxey, C., The Dairy, Nutwell Lane, Armthorpe.
- Garside, H. & Sons, Far Worts Hill Farm, Pole Moor, Slaithwaite.
- Mawer, C., Glentworth House, Skellow.
- Payne, B., Hood Hole Farm, Harrogate Road, Ripon.
- Platts, N. H. & Sons, Home Farm, Bretton.
- Rotherham Dairies Ltd., Progress Drive, Bramley.
- Salmon, P., Ashbrooke, Littlethorpe, Ripon.
- Snowden, F., Lumb Mill Farm, Crosshills.

**ULTRA HEAT TREATED MILK:**

- Settle Creamery Ltd., New Road, Settle.

**Table 53     Milk (Special Designation) Regulations, 1963 as amended—Details of Samples obtained from Licensed Processing Plants**

Pasteurised					Ultra Heat Treated	
Phosphatase Test		Methylene Blue Test			Colony Count	
Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Void	Satis-factory	Unsatis-factory
384 (530)	5 (5)	329 (463)	22 (26)	38 (40)	70 (76)	— (—)

**Table 54     Details of County Premises with Private Supplies of Water**

Premises	Source of Supply
Addingham, Farfield Hall     ...     ...     ...     ...	Reservoir—filtered and chlorinated
Aldfield C.E. School, Aldfield, near Ripon     ...     ...	Untreated trunk main—filtered
Arncliffe School, Arncliffe, Skipton     ...     ...     ...	Land spring—filtered
Askham Bryan Agricultural College, Askham Bryan, near York     ...     ...     ...     ...	Bore—untreated
Beamsley Boyle and Petyt Primary School, Beamsley, Skipton     ...     ...     ...     ...	Land spring—untreated
Clapham C.E. J.M.I. School, Clapham, Settle     ...	Lake supply—filtered and chlorinated
Clint Burnt Yates Endowed School, Burnt Yates, near Harrogate     ...     ...     ...     ...	Bore—filtered
Colne Valley Wilberlee J.M.I. School, Slaithwaite     ...	Land spring—filtered
Cracoe Rylstone District J.M.I. School, Cracoe, Skipton     ...     ...     ...     ...	Land spring—filtered
Grantley Hall Adult College, near Ripon     ...     ...	Land spring—filtered and chlorinated
Ingleborough Hall Special School, Clapham, Settle     ...	Lake water—filtered and chlorinated
Laverton Dallowgill J.M.I. School, Kirkby Malzeard, near Ripon     ...     ...     ...     ...	Land spring—untreated
Long Preston Endowed J.M.I. School, Long Preston, Skipton     ...     ...     ...     ...	Land spring—filtered
Martons Both Endowed J.M.I. School, East Marton, Skipton     ...     ...     ...     ...	Land spring—filtered and chlorinated
Rathmell C.E. J.M.I. School, Rathmell, Skipton     ...	Land spring to private reservoir—untreated
Ripley Endowed J.M.I. School, Ripley, near Harrogate     ...     ...     ...     ...	Land spring—filtered and chlorinated
Slaidburn Brennand's Endowed J.M.I. School, Slaidburn, near Clitheroe     ...     ...     ...	Land spring—filtered and chlorinated



**Table 55 Details of Applications for Grants under the Rural Water Supplies and Sewerage Acts, 1944-71**

County District or Other Body	Description of Scheme	Date of Application	Estimated Cost of Scheme £
Bradford C.B.	Extension of Water Main, Spring Lane, Eldwick	24th July	1,830
Calderdale Water Board	Upper Field House Lane, Triangle Water Supplies	15th October	2,864
Claro Water Board	Copt Hewick to Kirby Hill Water Supply	1st March	15,500
Craven Water Board	Hebden and Harlington Water Supply	21st February	12,729
ditto	Embsay to Gargrave Main Water Supply	5th February	96,300
Denholme U.D.	Denholme Gate Sewerage	8th June	55,700
Doncaster R.D.	Micklebring Sewerage	8th January	65,000
Doncaster and District Joint Water Board	Moorhouse Water Supply	17th January	6,740
Horbury U.D.	Sewage Treatment Works Extension	8th May	253,130
Huddersfield C.B.	Upper Holme Water Supply	16th February	34,830
Kirkburton U.D.	Cockley Hill, Kirkheaton Sewer	2nd May	2,438
ditto	Shelley Vicarage Sewer	ditto	1,090
ditto	Grange Lane, Flockton Sewer	ditto	2,078
Leeds C.B.	Gascoigne Wood and Hampton Row, South Milford Water Supply	26th July	7,240
Nidderdale R.D.	Poppletons Joint Sewerage and Sewage Disposal	14th August	472,400
Osgoldcross R.D.	Birkin Sewerage	29th October	70,000
ditto	Betteras Hill, Hillam and Monk Fryston Sewerage	29th October	10,000
Pudsey M.B.	Houghside Water Pollution Control	5th March	374,000
Selby R.D.	Camblesforth, Carlton and West Bank Sewerage and Sewage Disposal	2nd July	266,392
Settle R.D.	Ingleton Sewerage	23rd October	148,300
Skipton R.D.	Stirton with Thorlby and Carleton Sewerage	16th May	86,150
Wakefield R.D.	Crigglestone Sewerage Phase 2	12th November	255,000

**Table 56    School Swimming Pools**

School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Aireborough Grammar	30,000	Conventional	Sand	Chlorine Gas	—
Armthorpe Junior	12,400	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	—
Aston Lodge C.P.	10,500	Learner	Diatoma- ceous Earth	Automatic Chlorinator	Pool opened 1973
Bardsey Primary	870	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	—
Bewerley Park Centre for Out- door Pursuits	12,000	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	—
Bingley Grammar	46,400	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	—
Bishopthorpe C.E.	12,000	Constructed	Sand	Automatic Chlorinator	—
Boroughbridge C.P.	6,000	Learner	Diatoma- ceous Earth	Drip Feed	—
Bridge House Special School, Harewood	4,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Brighouse Woodhouse Junior	8,800	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Collingham C.E.	10,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Copmanthorpe J.M.	8,000	Learner	Sand	Automatic Chlorinator	—
Darton Barugh J.M.I.	6,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Darton Kexbrough	6,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—



School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Dinnington High	90,000	Conventional	Sand	Automatic Chlorinator	—
Ermysted's Grammar Skipton	29,000	Conventional	Sand	Chlorine Gas	—
Featherstone R.C.	46,000	Conventional	Sand	Chlorine Gas	—
Garforth Ninelands	8,000	Learner	Sand	Automatic Chlorinator	—
Goole Riverside E.S.N.	8,000	Learner	Sand	Automatic Chlorinator	—
Harrogate Granby Park	52,000	Conventional	Sand	Chlorine Gas	—
Harrogate Woodlands	20,000	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	—
Harthill with Woodhall C.P.	8,000	Learner	Sand	Automatic Chlorinator	—
Hartwith Summerbridge	6,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Hebden Royd Centre, Pitt Street, Hebden Bridge	6,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Horbury C.E.	6,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Horbury Bridge C.E.	8,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Horsforth Featherbank	6,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Horsforth Two Dales School and Adult Training Centre	5,400	Constructed	Sand	Automatic Chlorinator	—

School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Hoyland Common J.M.I.	6,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Ilkley Grammar	35,000	Conventional	Sand	Chlorine Gas	—
Ilkley Menston Primary	25,000	Constructed	Sand	Drip Feed	—
Ingleton C.P.	11,500	Learner	Sand	Automatic Chlorinator	Pool in planning stage
Keighley Oakbank Grammar	60,500	Conventional	Diatoma- ceous Earth	Chlorine Gas	—
Kippax North	8,000	Learner	Sand	Automatic Chlorinator	—
Kirkburton Turnshaws School and Adult Training Centre	7,000	Conventional	Sand	Automatic Chlorinator	—
Kirk Fenton Parochial	8,000	Learner	Sand	Automatic Chlorinator	—
Meltham C.E.	15,000	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	—
Mexborough C.E.	9,600	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Mexborough Grammar	18,000	Learner	Diatoma- ceous Earth	Drip Feed	—
Ossett Comprehensive	59,000	Constructed	Sand	Automatic Chlorinator	—
Otley Prince Henry's Grammar	75,000	Constructed	Sand	Automatic Chlorinator	Pool in planning stage
Penistone St. John's C. E.	8,000	Learner	Canvas Bags	Drip Feed	Pool not used



School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Rawcliffe Tall Trees School and Adult Training Centre	8,000	Learner	Sand	Automatic Chlorinator	—
Ripon Grammar	52,000	Conventional	Sand	Chlorine Gas	—
Rothwell Carlton J.M.I.	8,000	Learner	Sand	Drip Feed	—
Scawthorpe Secondary	50,625	Conventional	Sand	Chlorine Gas	—
Scholes J.M.I.	8,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Scissett Miners Welfare Club	70,000	Constructed	Sand	Chlorine Gas	Joint ownership with Denby Dale U.D.C.
Shade C.P. Todmorden	30,000	Conventional	Sand	Chlorine Gas	—
Sherburn High	24,000	Conventional	Sand	Chlorine Gas	Pool in planning stage
Sherburn in Elmet	8,000	Learner	Sand	Drip Feed	—
Silsden Hothfield J.M.I.	8,000	Learner	Sand	Automatic Chlorinator	Pool in planning stage
Sprotbrough The Anchorage	—	Learner	—	Automatic Chlorinator	Pool in planning stage
Stourton C.P.	8,000	Learner	Sand	Automatic Chlorinator	—
Swillington J.M.	8,000	Learner	Sand	Automatic Chlorinator	—
Tadcaster J.M.	8,000	Learner	Sand	Automatic Chlorinator	—
Thorpe Arch C.E.	13,000	Conventional	Sand	Automatic Chlorinator	—
Thorne Grammar	48,000	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	—

School	Pool		Filtration	Chlorination	Remarks
	Capacity in gallons	Type			
Thrybergh J.M.	14,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Todwick J.M.	8,000	Learner	Sand	Automatic Chlorinator	—
Ulleskelf C.E.	6,000	Learner	Canvas Bags	Drip Feed	—
Upper Popperton C.P.	2 pools 2,000 14,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Upper Wharfedale Secondary	43,000	Conventional	Diatoma- ceous Earth	Automatic Chlorinator	—
Upton - North Elmsall J.M.I.	21,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
Wales C.P.	8,000	Learner	Sand	Automatic Chlorinator	—
Ward Green J.M.I., Worsbrough	12,000	Learner	Diatoma- ceous Earth	Automatic Chlorinator	—
West Ardsley Redwood Croft School and Adult Training Centre	9,000	Constructed	Sand	Automatic Chlorinator	—
Weston Lane C.P., Otley	7,000	Constructed	Sand	Added by hand	—
Whinburn Special School, Keighley	5,000	Learner	Canvas Bags	Drip Feed	—
Whiston C.P.	8,000	Learner	Sand	Automatic Chlorinator	—
Worsbrough Bank End	8,000	Learner	Sand	Automatic Chlorinator	—
Worsbrough Birdwell C.P.	13,000	Constructed	Diatoma- ceous Earth	Automatic Chlorinator	—



Table 57    Atmospheric Pollution

Situation of Instrument	Smoke			Volumetric SO <sub>2</sub>		
	Average Daily Suspended Impurity*	High-est Value	Low-est Value	Average Daily Concentration SO <sub>2</sub> *	High-est Value	Low-est Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Barnoldswick—Health Department, Fernlea, surrounding district residential and commercial with railway nearby	45 for 8 months	263	3	68 for 8 months	208	5
Keighley—First floor of Public Health Department in built-up area in centre of town	50	240	9	100	477	25
Keighley—Branshaw View, 20ft. above ground in classroom on south-west side of building, ¼ mile south-west of town centre. Surrounding district residential	26 for 7 months	124	5	72 for 7 months	286	15
Bingley—Health Department, Town Hall, 1/5th mile outside town centre, surrounding district parkland	26 for 8 months	218	1	45 for 8 months	185	4
Shipley—Health Department, Town Hall, surrounding district residential and commercial	31	247	3	85	466	16
Horsforth—Broadway, in residential area, most properties to the south in Smoke Control Areas	24	443	2	73	407	10
Otley—First floor of Council Offices, in town centre, mainly manufacturing	22 for 8 months	90	3			
Harrogate — Ground floor of Municipal Offices, surrounding district residential and commercial	32 for 8 months	174	4	78 for 8 months	410	0

\*For period of nine months unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO <sub>2</sub>		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO <sub>2</sub> *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Harrogate — Ground floor of Regional Office, Milk Marketing Board, surrounding district residential and manufacturing	55	315	8	68	278	7
Knaresborough—Knaresborough House, in parkland surrounded by mixed residential and commercial properties, open country to west	33 for 7 months	161	2	49 for 7 months	233	11
Knaresborough—Castle School, in a mainly residential area	36 for 7 months	229	2	50 for 7 months	199	5
Goole—Health Department, Municipal Offices, Stanhope Street, surrounding area commercial, residential and shipping	72 for 8 months	500	11	39 for 8 months	271	13
Selby—Council Depot in residential and commercial area	56	289	6	69	225	17
Castleford—First floor of Divisional Health Office, in residential area of industrial town	120 for 4 months	319	17	176 for 4 months	266	123
Castleford—The Green, Ferry Fryston—situated 12ft. above ground on E. side of the Pavilion, surrounding district residential with open country to E.	110	693	7	125	773	0
Castleford — Slaughterhouse in Superintendent's office, 20ft. above ground, surrounding district, residential and commercial	48	264	3	62	260	Alk.
Normanton—Neville House. Surrounding district commercial, residential and a few small factories	85 for 8 months	547	10	158 for 8 months	469	41

\*For period of nine months unless stated otherwise.



Situation of Instrument	Smoke			Volumetric SO <sub>2</sub>		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO <sub>2</sub> *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Pontefract—Municipal Offices. In laboratory on second floor in mixed commercial and manufacturing area	80 for 8 months	572	12	113 for 8 months	312	39
Pontefract—Moverley Flatts. In rear storeroom of Council Depot, surrounding district residential	105	683	14	128	496	29
Pontefract—Carleton Park. First floor landing of flats in residential area	71 for 8 months	564	6	98 for 8 months	316	29
Horbury—Ground floor lobby of Town Hall, facing east 12ft.above ground,surrounding district residential and manufacturing	37 for 8 months	364	7	89 for 8 months	539	6
Morley—Public Health Inspector's Department, Commercial Street, surrounding district residential, commercial and manufacturing	41	252	7	72	198	15
Morley—Spring Avenue, Gildersome in residential area	33	220	2	69	232	0
Ossett—Seemore Arcade. Surrounding district residential and commercial	46	353	6	121	582	22
Batley—Public Health Department, Market Place, in centre of mixed residential, commercial and manufacturing district	73	733	3			
Spenborough—Health Centre, Greenside, in small park, residential and commercial area	47 for 7 months	294	9	113 for 7 months	362	41

\*For period of nine months unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO <sub>2</sub>		
	Average Daily Suspended Impurity*	Highest Value	Lowest Value	Average Daily Concentration SO <sub>2</sub> *	Highest Value	Lowest Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Elland—Council Offices, 20ft. above ground in manufacturing area	38 for 8 months	255	5	106 for 8 months	433	4
Hebden Royd (Mytholmroyd)—Redacre Sewage Works, residential and manufacturing area, open country to north	28	216	4	77	443	12
Hebden Royd (Hebden Bridge)—On second floor landing of Council Offices, in centre of mixed residential, commercial and manufacturing district	48	306	10	109	357	14
Sowerby Bridge—Crow Wood Park, in parkland in residential area	33 for 7 months	232	2	78 for 7 months	304	Alk.
Sowerby Bridge—Council Offices, Luddendenfoot, situated on main road carrying heavy traffic, in a mainly commercial area	34	251	1	82	301	Alk.
Todmorden—In first floor room on south side of Medical Centre, surrounding district mixed residential, commercial, manufacturing and open country	51 for 4 months	148	11	112 for 4 months	350	21
Colne Valley—Town Hall, Cross Street, Slaithwaite, in mixed residential and textile manufacturing district	49	244	7	86	366	0
Denby Dale—Public Health Inspector's Office, surrounding district mixed residential, manufacturing and open country	64	317	16	74	289	16

\*For period of nine months unless stated otherwise.



Situation of Instrument	Smoke			Volumetric SO <sub>2</sub>		
	Average Daily Suspended Impurity*	High-est Value	Low-est Value	Average Daily Concentration SO <sub>2</sub> *	High-est Value	Low-est Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Denby Dale—Emley C.P. School. In village in open country	47 for 7 months	229	6	73 for 7 months	188	8
Holmfirth—On second floor landing of Council Offices, surrounding district open country, residential, commercial and manufacturing	52	242	11	82	361	16
Kirkburton—Town Hall in mainly residential and manufacturing area	70 for 7 months	479	3	126 for 7 months	380	37
Saddleworth—Sewage Works, Shaw Hall Bank, Greenfield, surrounding district residential, manufacturing and commercial	38	176	6	81	280	24
Wortley (Grenoside)—Health Dept., Council Offices, surrounding area industrial and manufacturing	24 for 6 months	77	1	66 for 6 months	177	0
Hemsworth—Divisional Health Office, Adiscombe House, in residential area	98 for 8 months	654	3	83 for 8 months	375	Alk.
Hemsworth—Brierley Hall in residential area	66	398	3	78	393	19
Hemsworth — Grimethorpe, in residential commercial and manufacturing area	66 for 8 months	326	7	78 for 8 months	274	14
Hemsworth—Ackworth, in clinic in a residential area	85	493	4	87	313	7
Hemsworth—South Kirkby in residential, commercial and light industrial area	74	733	2	86	349	16

\*For period of nine months unless stated otherwise.

Situation of Instrument	Smoke			Volumetric SO <sub>2</sub>		
	Average Daily Suspended Impurity*	High-est Value	Low-est Value	Average Daily Concentration SO <sub>2</sub> *	High-est Value	Low-est Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Darton—Council Offices, in semi-residential colliery district. Coke by-product plant 1 mile to S.E.	109 for 8 months	643	12	80 for 8 months	278	9
Wombwell—The Gables, semi-residential colliery district	141 for 8 months	585	27	86 for 8 months	215	13
Wombwell—The Library, Station Lane, surrounding district residential and commercial	153 for 8 months	693	32	120 for 8 months	472	32
Worsbrough—Savile House—8ft. above ground in out-building, rear of Council Offices. Surrounding country open and low density residential	94	773	6	67	486	11
Conisbrough—Denaby Clinic, in room facing north. Surrounding district residential—high density	96 for 7 months	525	13	104 for 7 months	307	31
Conisbrough—The Priory, in staff dining room facing west. Surrounding district residential—low density	149 for 5 months	738	27	163 for 5 months	475	25
Rawmarsh—Public Health Inspector's Office, in centre of residential and industrial area	52 for 8 months	235	5			
Wath upon Dearne—Town Hall, in commercial and residential area with industrial zone 1-2 miles N. to N.E.	62	546	6	110	552	17
Bentley with Arksey—Health Department, Chapel Street, semi-residential colliery district	42 for 2 months	137	7	70 for 2 months	163	36

\*For period of nine months unless stated otherwise.



Situation of Instrument	Smoke			Volumetric SO <sub>2</sub>		
	Average Daily Suspended Impurity*	High-est Value	Low-est Value	Average Daily Concentration SO <sub>2</sub> *	High-est Value	Low-est Value
	Microgrammes per cubic metre			Microgrammes per cubic metre		
Doncaster (Barnby Dun)—Barnby Dun School, in residential area 5 miles north-east of Doncaster C.B.	45	304	6	72	446	13
Doncaster (Askern)—In Askern Clinic 6 miles south of Doncaster with open country to the south, residential to the north-east, heavy industry to north-west	51	243	7	131	571	25
Thorne—Council Offices, in semi-residential colliery district	75	402	16			

\*For period of nine months unless stated otherwise.

Table 58    Registration of Nursing Homes

Div. No.	Name and Address of Nursing Home	Number of beds registered	
		Maternity	Other
1	Eshton Hall, Malham Road, Gargrave ... ..	—	60
1	Beanlands, Colne Road, Crosshills, Keighley ... ..	—	21
3	Norwood House, High Spring Gardens Lane, Keighley ...	—	15
5	Jesmond, New Street, Farsley ... ..	—	7
5	St. Joseph's Convalescent Home, Outwood Lane, Horsforth	—	45
5	Ardenlea, Queen's Drive, Ilkley ... .. (Marie Curie Memorial Foundation)	—	33
5	Hanford House, 22 Margerison Road, Ben Rhydding, Ilkley ...	—	11
7	Cavendish, 17 Cavendish Avenue, Harrogate ... ..	—	17
7	Duchy House, 9 Queen's Road, Harrogate ... ..	—	35
7	The Pines, 57 Harlow Moor Drive, Harrogate ... ..	—	14
7	Norman Lodge, 58 Kent Road, Harrogate ... ..	—	29
7	Westfield, Killinghall, Harrogate ... ..	—	9
7	Courtfield, 3 St. James's Drive, Harrogate ... ..	—	17
7	Hereford, 16 Hereford Road, Harrogate ... ..	—	22
7	Kingsley, 38 Ripon Road, Harrogate ... ..	—	25
7	Ellangowan, 26 Queen's Road, Harrogate ... ..	—	17
7	Clova, 1 Clotherholme Road, Ripon ... ..	—	21
7	Heatherwood, 17 Duchy Road, Harrogate ... ..	—	14
7	Hampden House, 120 Duchy Road, Harrogate ... ..	—	46
7	Edenfield, 3 Tewit Well Road, Harrogate ... ..	—	32
7	Warwick, 10 Warwick Crescent, Harrogate ... ..	—	9
7	Follifoot Ridge, Harrogate ... ..	—	2
7	The Crescent, Ripon ... ..	—	9
9	Cheshire Home, Spofforth Hall, Spofforth, Harrogate ...	—	28
15	Cheshire Home, Kenmore, Whitcliffe Road, Cleckheaton ...	—	27



Table 59 The Medical Inspection of School Children

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—Periodic Medical Inspections

Age groups inspected (by year of birth) and number of pupils examined in each, together with classification of the physical condition of the pupils inspected.

Age groups inspected (Year of Birth)	Number of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Number of Pupils found not to warrant a medical examination (See Note below)
		Number Satisfactory	Number Unsatisfactory	
(1)	(2)	(3)	(4)	(5)
1969 and later ...	2,763 (4,890)	2,762 (4,888)	1 (2)	— —
1968... ..	10,872 (14,412)	10,854 (14,389)	18 (23)	— —
1967... ..	7,125 (8,850)	7,107 (8,827)	18 (23)	— —
1966... ..	1,958 (2,384)	1,952 (2,377)	6 (7)	— —
1965... ..	2,108 (2,612)	2,105 (2,609)	3 (3)	4,823 (5,132)
1964... ..	1,858 (2,314)	1,857 (2,312)	1 (2)	4,621 (5,130)
1963... ..	1,187 (1,537)	1,185 (1,535)	2 (2)	3,024 (3,820)
1962... ..	2,167 (2,450)	2,162 (2,444)	5 (6)	5,784 (6,990)
1961... ..	1,090 (1,265)	1,087 (1,262)	3 (3)	4,084 (4,931)
1960... ..	461 (547)	459 (545)	2 (2)	998 (1,075)
1959... ..	190 (254)	190 (254)	— (—)	185 (1,089)
1958 and earlier ...	1,891 (4,209)	1,887 (4,205)	4 (4)	7,477 (11,386)
Total ...	33,670 (45,724)	33,607 (45,647)	63 (77)	30,996 (39,553)

Column (3) total as a percentage of Column (2) total ... 99·81% (99·83)

Column (4) total as a percentage of Column (2) total ... 0·19% (0·17)

NOTE: As selective examinations have been carried out, Column (5) above gives the number of pupils who have been ‘interviewed’ or ‘discussed’ at case conferences and found not to warrant a medical examination.

### B.—Other Inspections

Number of Special Inspections	10,711	(14,172)
Number of Re-Inspections ...	4,393	(6,083)
Total ...	15,104	(20,255)

Year	Periodics	Other Inspections	Number of pupils found not to warrant an examination on Selective Procedures
1972	45,553	18,949	30,530
1973	33,670 (45,724)	15,104 (20,255)	30,996 (39,553)

### C.—Pupils Found to Require Treatment

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (Year of Birth)	For defective vision excluding squint	For any of the other conditions recorded in Table III	Total individual pupils
1969 and later ... ..	34 (59)	189 (265)	215 (311)
1968 ... ..	215 (319)	840 (1,157)	993 (1,391)
1967 ... ..	157 (211)	519 (645)	662 (847)
1966 ... ..	44 (55)	160 (193)	196 (238)
1965 ... ..	126 (143)	297 (361)	398 (474)
1964 ... ..	116 (138)	221 (261)	309 (367)
1963 ... ..	51 (64)	104 (145)	153 (204)
1962 ... ..	120 (133)	285 (335)	382 (442)
1961 ... ..	73 (80)	134 (156)	201 (231)
1960 ... ..	12 (13)	18 (25)	30 (38)
1959 ... ..	3 (4)	3 (3)	6 (8)
1958 and earlier ... ..	72 (179)	106 (237)	174 (404)
Total ... ..	1,023 (1,398)	2,876 (3,783)	3,719 (4,955)

TABLE II  
INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ... ..	476,829 (597,249)
(ii) Total number of individual pupils found to be infested ... ..	6,930 (8,615)
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... ..	270 (341)
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... ..	15 (17)

The percentage of infested pupils found during 1973 was 1·45 as opposed to a percentage of 3·56 in 1972.



TABLE III

## DEFECTS FOUND BY MEDICAL INSPECTION IN THE PERIOD ENDED 30TH SEPTEMBER, 1973

NOTE.—All defects noted at medical inspection as requiring treatment are included in this table,  
whether or not this treatment was begun before the date of the inspection

Defect Code No.	Defect or Disease	Periodic Inspections						Special Inspections	
		Entrants		Leavers		TOTAL (including all other periodic age groups inspected)		Requiring treatment	Requiring observation
		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation		
4	Skin	170	467	21	51	343	732	169	196
5	Eyes— a. Vision b. Squint c. Other	461 201 30	825 442 82	69 2 3	148 6 7	1,003 261 41	1,560 566 139	262 62 20	852 221 47
6	Ears— a. Hearing b. Otitis Media c. Other	234 54 35	606 351 84	6 3 4	28 15 4	371 89 48	1,002 456 108	280 48 36	548 139 33
7	Nose and Throat	237	1,220	11	46	344	1,524	114	456
8	Speech	265	803	2	9	327	938	171	287
9	Lymphatic Glands	7	421	—	4	7	466	5	84
10	Heart	59	331	2	29	93	500	24	218
11	Lungs	82	425	10	36	156	677	84	275
12	Developmental— a. Hernia b. Other	47 57	100 572	— —	2 12	66 121	120 685	4 46	30 258
13	Orthopaedic— a. Posture b. Feet c. Other	11 81 51	67 359 272	3 2 6	15 33 19	22 121 82	110 510 380	10 54 31	49 167 137
14	Nervous System— a. Epilepsy b. Other	32 52	85 389	5 —	18 20	67 101	155 359	65 36	69 140
15	Psychological— a. Development b. Stability	38 35	392 674	1 13	20 31	98 92	637 1,009	298 296	434 489
16	Abdomen	26	117	2	7	46	211	16	62
17	Other	146	465	10	25	259	683	103	574

TABLE IV  
TREATMENT OF PUPILS

*Notes*

The figures given under this heading include:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Boards;
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Figures under this section are incomplete as one has to rely on hospital discharge notifications and other agencies.

	Number of cases known to have been dealt with	
<i>Group 1. Eye Disease, Defective Vision and Squint</i>		
External and other, excluding errors of refraction and squint	1,269	(1,607)
Errors of refraction (including squint) ... ..	12,217	(16,604)
Total	12,938	(17,663)
Number of pupils for whom spectacles were prescribed ...	4,097	(5,464)
	Number of cases known to have been treated	
<i>Group 2. Diseases and Defects of Ear, Nose and Throat</i>		
Received operative treatment:		
(a) for diseases of the ear ... ..	93	(123)
(b) for adenoids and chronic tonsilitis ... ..	708	(941)
(c) for other nose and throat conditions ... ..	80	(112)
Received other forms of treatment ... ..	289	(390)
Total	1,170	(1,566)
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) in 1972 ... ..	42	(61)
(b) in previous years ... ..	376	(728)
<i>Group 3. Orthopaedic and Postural Defects</i>		
(a) Pupils treated at clinics or out-patient departments ...	352	(477)
(b) Pupils treated at school for postural defects ... ..	22	(31)
Total	374	(508)



								Number of cases known to have been treated	
<i>Group 4. Diseases of the skin (excluding uncleanness for which see Table II)</i>									
Ringworm—(a) Scalp	...	...	...	...	...	...	...	1	(1)
(b) Body	...	...	...	...	...	...	...	9	(13)
Scabies	...	...	...	...	...	...	...	215	(278)
Impetigo	...	...	...	...	...	...	...	114	(136)
Other skin diseases	...	...	...	...	...	...	...	144	(171)
Total								483	(599)
<i>Group 5. Child Guidance Treatment</i>									
Number of pupils treated at Child Guidance clinics under arrangements made by the Authority								2,458	(3,188)
<i>Group 6. Speech Therapy</i>									
Number of pupils treated by Speech Therapists under arrangements made by the Authority								3,131	(4,458)
<i>Group 7. Other Treatment Given</i>									
(a) Number of cases of miscellaneous minor ailments treated by the Authority								1,060	(1,405)
(b) Pupils who received convalescent treatment under School Health Service arrangements								11	(11)
(c) Pupils who received B.C.G. vaccination								12,429	(17,990)
(d) Other:									
1. Ultra Violet Light Treatment	...	...	...	...	...	...	...	4	(5)
2. Audiology	...	...	...	...	...	...	...	148	(198)
3. Abdominal defects	...	...	...	...	...	...	...	8	(11)
4. Chest and Heart	...	...	...	...	...	...	...	65	(87)
Total (a)—(d)								13,725	(19,707)

**Table 60    School Ophthalmic Service, 1958-73**

Year	No. of children examined (including re-examinations)	No. prescribed glasses
1958	18,829	9,472
1959	18,784	9,411
1960	20,651	10,029
1961	20,387	9,542
1962	19,874	8,831
1963	20,559	9,201
1964	20,248	8,904
1965	20,304	8,590
1966	19,996	8,024
1967	20,167	7,649
1968	20,725	7,747
1969	20,052	7,221
1970	18,788	6,259
1971	18,201	5,668
1972	17,760	5,981
1973	12,938	4,097

**Table 61    Medical Treatment at Local Authority Clinics**

Type of Clinic	Number
Minor Ailment and other non-specialised ... ..	65
Dental ... ..	64
Ophthalmic ... ..	60
Speech Therapy ... ..	68
Ultra Violet Light ... ..	2
Pædiatric ... ..	4
Chiropody ... ..	2
Consultant E.N.T. ... ..	2
Consultant Orthopædic ... ..	3
Remedial Exercises ... ..	8
Audiology ... ..	2
Immigrants ... ..	1
Enuretic ... ..	14
School Medical Officers' Special Examination ... ..	75



Table 62    Consultant Services

CONSULTANT E.N.T. SERVICE

No. of sessions held: 59 (76)

	Pre-school Children	School Children	Total
No. of individual children seen by consultant, including those continuing attendance from previous year ...	15    (18)	198    (276)	213    (294)
No. of above referred for operative treatment ... ..	9    (11)	91    (124)	100    (135)
No of children:			
(a) who obtained operative treatment	18    (20)	200    (218)	218    (238)
(b) treated at school clinics ... ..	—    (—)	—    (—)	—    (—)
No. of attendances at consultant clinics	23    (29)	367    (499)	390    (528)

CONSULTANT ORTHOPAEDIC SERVICE

Consultant Clinics

No. of sessions held: 35 (46)

No. of individual patients seen by consultant, including those continuing attendance from previous year ...	279    (370)	232    (330)	511    (700)
No. of above:—			
(a) referred for operative treatment as short stay cases only ... ..	5    (7)	4    (5)	9    (12)
(b) recommended long-stay hospital school ... ..	1    (2)	—    (—)	1    (2)
(c) recommended treatment by orthopaedic nurse or physio-therapist:			
(i) at treatment centres... ..	1    (2)	1    (1)	2    (3)
(ii) domiciliary ... ..	—    (—)	—    (—)	—    (—)
No. of children who obtained operative treatment ... ..	—    (—)	2    (5)	2    (5)
Total number of attendances at consultant clinics... ..	359    (526)	205    (239)	564    (765)

Treatment Centres

No. of sessions held: 539 (721)

Total No. of patients treated, including cases continuing treatment from previous year... ..	29    (41)	128    (169)	157    (210)
Total number of attendances ... ..	332    (435)	1,526    (1,987)	1,858    (2,422)

Domiciliary Treatment

	Pre-school Children		School Children		Total	
Total number treated ... ..	12	(15)	—	(—)	12	(15)
Total number of visits to patient's home	12	(15)	—	(—)	12	(15)

Appliances

No. of appliances—									
(a) recommended	...	...	...	1	(1)	24	(29)	25	(30)
(b) obtained	...	...	...	1	(1)	24	(29)	25	(30)

PHYSIOTHERAPY SERVICE

At the end of the year the staff aggregated the equivalent of 0·78 whole-time officers.

ULTRA VIOLET LIGHT CLINICS

No. of sessions held: 56 (75)

Number of children treated during the year ... ..	4	(5)	4	(5)	8	(10)
Total number of attendances ... ..	27	(36)	165	(170)	192	(206)

CONSULTANT PÆDIATRIC SERVICE

Consultant Clinics

No. of sessions held: 31 (40)

No. of individual patients seen—						
(a) New cases... ..	40	(52)	22	(28)	62	(80)
(b) Cases attending from previous year(s) ... ..	52	(55)	72	(79)	124	(134)
Total number of attendances at clinics	94	(124)	114	(144)	208	(268)



The following table gives details of the various types of defect or disease for which children were referred for consultant opinion:

Defect or Disease	Pre-school Children	School Children	Total
Central Nervous System: General ... ..	—	—	—
Epilepsy ... ..	2	2	4
Heart and Circulatory System ... ..	5	39	44
Respiratory System, including E.N.T. defects	3	9	12
Speech ... ..	1	1	2
Orthopædic ... ..	5	1	6
Scaphocephaly ... ..	1	—	1
Psychological: General ... ..	—	2	2
Behaviour ... ..	—	1	1
Mental Retardation, including Educational subnormality ... ..	4	3	7
Gastro-intestinal system ... ..	1	1	2
Genito-urinary system ... ..	5	1	6
Nutritional ... ..	2	12	14
Developmental: General ... ..	6	6	12
Incontinence ... ..	—	9	9
Glands ... ..	1	1	2
Clumsy Child ... ..	—	1	1
Congenital deformities... ..	12	5	17
Unclassified ... ..	25	15	40

**Table 63    Cleanliness, 1953-73**

Year	Total number of examinations made by school nurses	Number of individual children found to be infested	Percentage of school population
1953	575,645	17,815	7·1
1954	549,961	13,619	5·3
1955	547,369	11,657	4·5
1956	512,868	10,379	3·9
1957	481,239	10,459	3·9
1958	523,353	9,753	3·7
1959	482,874	9,834	3·6
1960	467,937	10,341	3·9
1961	462,207	9,273	3·5
1962	421,257	8,912	3·3
1963	416,570	8,229	3·3
1964	434,790	8,696	2·0
1965	461,862	8,999	3·2
1966	478,017	7,786	2·7
1967	455,124	7,119	2·4
1968	446,713	7,980	2·6
1969	425,329	7,243	2·3
1970	440,376	10,292	3·2
1971	496,869	11,060	3·1
1972	579,087	11,848	3·5
1973	476,829	6,930	2·1

In some areas a system of ‘selective’ inspections has been introduced as suggested in *The Health of the School Child*, 1962/63.



Table 64    Nutrition, 1960-73

Year  (1)	Total number of pupils inspected (2)	Classification			
		Satisfactory		Unsatisfactory	
		No.  (3)	% of Col. 2 (4)	No.  (5)	% of Col. 2 (6)
1960	83,630	82,892	99·12	738	0·88
1961	82,938	82,343	99·28	595	0·72
1962	82,395	81,950	99·46	445	0·54
1963	76,706	76,268	99·43	438	0·57
1964	70,895	70,485	99·42	410	0·58
1965	75,134	74,728	99·46	406	0·54
1966	73,122	72,836	99·61	286	0·39
1967	68,382	68,264	99·83	118	0·17
1968	59,315	59,187	99·78	128	0·22
1969	51,765	51,645	99·77	120	0·23
1970	46,397	46,163	99·50	234	0·50
1971	43,063	42,891	99·60	172	0·40
1972	45,553	45,292	99·43	261	0·57
1973	48,681	48,588	99·81	93	0·19

SCHOOL MEALS

The number of meals provided to school children daily according to a check made in October, 1973, was 229,404 compared with 209,603 in October, 1972. This represents 72·79 per cent. of children in attendance.

Table 65    Protection of School Children Against Tuberculosis  
TUBERCULIN TESTING OF SCHOOL ENTRANTS

Health Division  (a)	No. tested  (b)	Negative reactions  (c)	Positive reactions  (d)	Of column (d)		Further investigation
				Previous B.C.G. Vaccina- tion	Final Skin Test —    +	
Keighley (Heaf Test)	450	443	7	6	—    1	Referred to Chest Physician

Table 66    Speech Therapy

(a) Number of children seen for the first time during the year ... ..	1,407	(1,824)
(b) Number of children attending for treatment from previous year ... ..	1,663	(2,587)
	3,070	(4,411)
Number of children awaiting treatment at end of year ...	645	(1,045)
(a) Interviewed and placed on waiting list ... ..	446	(693)
(b) Not seen ... ..	470	(831)
Number of visits made to schools ... ..	1,758	(2,323)
Number of home visits ... ..	299	(381)
Analysis of children treated	Boys	Girls
Stammers (Dysrhythmia) ... ..	225    (304)	80    (104)
Defects of Articulation due to:		
(a) Cleft Palate ... ..	43    (62)	29    (34)
(b) Cerebral Palsy ... ..	17    (22)	12    (14)
(c) Other structural malformations ... ..	22    (27)	15    (19)
(d) Other causes e.g. neurological ... ..	54    (70)	17    (35)
(e) No specific cause found ... ..	1,017    (1,318)	495    (609)
Disorders of Language due to:		
(a) Retarded language development (non-specific) ...	374    (474)	148    (176)
(b) Retardation with associated subnormality ... ..	172    (227)	89    (119)
(c) Retardation associated with deafness ... ..	32    (38)	22    (29)
(d) Dysphasia ... ..	17    (19)	2    (3)
(e) Aphasia ... ..	2    (2)	—    (—)
(f) Other reasons ... ..	79    (95)	36    (46)
Dysphonia ... ..	8    (10)	4    (5)
Other Defects ... ..	12    (75)	6    (45)



Table 67    Dental Inspections and Treatment Carried Out

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit ... ..	20,439	22,129	5,926	48,494
Subsequent visits ... ..	20,822	41,788	11,859	74,469
Total visits ... ..	41,261	63,917	17,785	122,963
Additional courses of treatment commenced ... ..	778	982	396	2,156
Fillings in permanent teeth ...	19,265	51,927	17,874	89,066
Fillings in deciduous teeth ...	16,037	1,622	—	17,659
Permanent teeth filled ... ..	14,758	44,315	16,097	75,170
Deciduous teeth filled ... ..	14,385	1,472	—	15,857
Permanent teeth extracted ...	1,531	8,318	2,322	12,171
Deciduous teeth extracted ...	25,455	9,160	—	34,615
General anæsthetics ... ..	9,044	5,730	862	15,636
Emergencies ... ..	1,864	1,135	274	3,273
Number of Pupils X-rayed ... ..				3,296
Prophylaxis ... ..				11,937
Teeth otherwise conserved ... ..				4,703
Number of teeth root filled ... ..				317
Inlays ... ..				51
Crowns ... ..				378
Courses of treatment completed... ..				36,824

Orthodontics

New cases commenced during year ... ..	1,079
Cases completed during year ... ..	889
Cases discontinued during year ... ..	100
Number of removable appliances fitted... ..	1,878
Number of fixed appliances fitted ... ..	88
Pupils referred to Hospital Consultant ... ..	40

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)...	2	6	14	22
Pupils supplied with other dentures (first time)	18	135	94	247
Number of dentures supplied ... ..	27	227	188	442

Anæsthetics    General Anæsthetics administered by Dental Officers ...	15,349
--	--------

*Inspections*

(a)	First inspection at school. Number of Pupils	...	...	...	...	125,710
(b)	First inspection at clinic. Number of Pupils	...	...	...	...	21,251
	Number of (a) + (b) found to require treatment	...	...	...	...	79,055
	Number of (a) + (b) offered treatment	...	...	...	...	69,593
(c)	Pupils re-inspected at school or clinic	...	...	...	...	6,319
	Number of (c) found to require treatment	...	...	...	...	3,422

*Sessions*

Sessions devoted to treatment	...	...	...	16,838*
Sessions devoted to inspection	...	...	...	888
Sessions devoted to Dental Health Education	...	...	...	243

\*Includes 1,014 Anæsthetic sessions



FOOD AND DRUGS ACT, 1955

Report of Deputy County Analyst

During the year, 2,396 samples were submitted by your Inspectors under the Food and Drugs Act, 1955:

	Total Samples	Adulterated or Below Standard	Percentage Adulterated or Below Standard
Milk ... ..	731	13	1·8
Milk – Channel Islands ... ..	118	5	4·2
Milk and Foreign Matter ... ..	3	3	100·0
Other Foods and Drugs ... ..	1,544	68	4·4
	2,396	89	3·7

Notes on Adulterated or Otherwise Irregular Samples:

*Milk.* Seven hundred and thirty-one samples were analysed; 13 were unsatisfactory, five being deficient in fat by amounts varying between 2·6 per cent. and 21·6 per cent.; five contained added water with amounts from 1·0 per cent. to 15·2 per cent. respectively, and one sample of sterilised milk was found to contain 81·6 per cent. of added water—this was traced to a defect in the cap, the water having entered through this imperfect seal during the sterilisation process. Two further samples were found to contain both extraneous water (32·8 per cent. and 1·0 per cent.) and also to be deficient in fat (11·3 per cent. and 15·3 per cent. respectively).

*Milk—Channel Islands.* One hundred and eighteen samples were taken; five of these were below the standard of 4·0 per cent. of fat, the amounts of fat ranging from 3·5 per cent. to 3·9 per cent.

*Preservatives.* All appropriate samples were tested for the presence of preservatives; only two samples were found to contain undeclared preservatives where the presence of such declaration was legally required—in both cases the amounts were within the limits prescribed for that particular foodstuff.

*Colouring Matter in Food.* Tests were made where appropriate for the presence of artificial colouring matter; no prohibited colourings were found.

*Labelling.* The labelling of all samples was examined, where available, to check compliance with the *Labelling of Food Regulations, 1970*, which came into effect on 1st January, 1973. Thirty-two samples did not fully satisfy the Regulations.



Four samples of fruit cocktail or fruit salad in syrup had ingredients listed in a manner which did not comply with the Regulations. Six samples had no list of ingredients and in a further 10 samples there were deficiencies in the statement of the list of ingredients. Seven samples containing 'glucose syrup' did not use this correct designation, but terms such as 'liquid glucose' or 'glucose', neither of which are permitted under the Regulations as description for this substance. The true designation of the product was not given on two samples in large enough letters, but the labels gave prominence to other words.

A sample of vegetable juice declared the presence of vitamins, but failed to state the amounts present.

The remaining samples failed to comply fully with the Regulations mainly because of the absence of the name and address of the packer or producer of the food.

*Mouldy Food.* Three samples were condemned on account of spoilage by mould; an apricot pie and two samples of white bread. In each case the food had been kept for too long or under unsuitable conditions.

*Tinned Foods.* A large number of tinned foods were examined, but in only one sample, a tin of Okra, was there any corrosion of the tinned surface. In this particular case, the iron content of the food was also excessive.

*Unsatisfactory condition and composition and samples below standard.* Fourteen samples were adversely reported in this category. Five sausages, three samples of potted meat and a chicken and mushroom pie were all deficient in meat; one of the samples of potted meat also contained cereal binder. Four samples of apple and pumpkin preserve with pineapple flavour were found to be deficient in sugar and a sample of pure grape juice was found to be unusual in composition. An apricot pie had suffered from evaporation and the filling had shrunk considerably so as to cause the consumer to complain that there was little or no filling present.

*Unsatisfactory Description.* A ham sandwich was submitted because the purchaser thought that it was definitely not ham. Analysis showed that the meat filling was actually 'chopped ham' or 'chopped ham and pork.' The consumer expects to find slices of whole meat in this commodity.

### **Foreign Bodies in Food:**

Seventeen samples, all submitted as a result of complaints by members of the public, were adversely reported because of the presence of foreign matter.

A bottle of milk was found to contain a pebble, whilst in another a piece of cardboard was found with the words "Thank You" faintly legible. A third bottle was submitted because of dirty marks on the inside surface of the bottle—these were found to consist of hardened cement and sand.



Two splinters of glass were found in a bottle which had contained shandy.

Three samples of bread were submitted because they contained foreign matter; in one there was fibrous matter, in another a piece of black plastic polymer and the third consisted of a slice of bread in a waxed paper wrapper inside which was a live garden slug!

A sample of puff pastry was found to contain stains of iron and carbon, shortcake biscuits to contain a pellet of fat discoloured by scorched sugar and starch, and a bilberry pie was condemned because it had a spruce frond in the fruit filling. A cigarette end was found in a piece of parkin, and a fragment of fruit cake in a meringue.

A small piece of beef's cheek was found in minced steak with onions and gravy.

Metal objects appeared in two foods; a steel washer was found in a sample of beefburger with onion and sharp slivers of metal in strawberry dessert.

Insects were also apparent—a pack of green beans contained part of an insect whereas a beetle was found in a jar of raspberry jam.

### **Summary of the Years 1952-1973:**

Mr. Raymond Mallinder, Principal of the Analytical and Consulting practice of H. T. Lea & Mallinder, has been the County Public Analyst since November, 1952. He had thus held that appointment for 21 years prior to his sudden death in January, 1974.

During this period there have been a number of changes in the work coming before the Public Analyst:

#### **SAMPLING RATE:**

The Annual Report issued by the Minister of Health for 1933-34 suggested that a target of three food and drug samples per thousand of population might be an adequate rate for sampling under the Food and Drugs Act. During Mr. Mallinder's first year as analyst the number of samples submitted was 4,725 (a rate of 2·8 per 1,000 persons), but the number of samples gradually reduced until this current year when 2,396 samples were submitted (a rate of only 1·4 per 1,000). However, the reduction has been in the proportion of milks sampled.

#### **FOOD:**

The trend towards pre-packed food has continued, so that in recent years the major proportion of the nation's food appears in the shops in a packed form. This fact, coupled with improved manufacturing standards and the increase in food regulations has resulted in a more consistent general composition for our food. A serious deficiency of a principal ingredient in a food nowadays is rare when compared to former years.

This same period has seen the increase in the use of food additives of all kinds. Analyses for these trace constituents, together with regular examination for evidence of contamination by toxic metals etc. forms a large part of the Public Analyst's present work.

There has been an increase in the number of food samples submitted as a result of consumer complaints. In our opinion this does not reflect a deterioration in general quality, rather that the modern consumer will not ignore unsound food.

Twenty-one years ago there was still some food rationing, but since this there has been a greater supply of food, both home-produced and imported. This has been reflected in the wide range of foods sampled, many of which present complex analytical problems.

#### DRUGS:

There has been a marked increase in the diversity of drugs during this period. The shift away from vegetable medicines towards synthetic materials has been very definite. Many of these modern preparations are only available to the public on medical prescription but we have nevertheless received a few such samples from time to time. The main proportion of drug samples have been those readily available to the public.

The quality of drug samples is very high and it is rare to find any that have seriously deteriorated, or are contaminated, or wrongly formulated.

#### GENERAL:

The professional services of the Public Analyst and his staff, together with the vigilance of the sampling officers, has made a distinct contribution to the maintenance of a high standard for our food and drugs. The existence of a public analyst provides a very definite protection to the public so that no manufacturer, large or small, is tempted to lower standards.

We expect this laboratory to be closed down from 1st April, 1974, when the local authority work is withdrawn. It is in the public interest, however, that a high quality public analytical service is available and, in our opinion, any attempt to reduce the service or rate of sampling should be firmly resisted.



## KEIGHLEY EXCEPTED DISTRICT

*V. P. McDonagh, Borough School Medical Officer*

**Introduction:**

This report is compiled in accordance with arrangements made by the County Council of the West Riding of Yorkshire as to the School Health Service in the Borough of Keighley and details the work carried out during the year under review.

This will be the last School Health Report to be published prior to Keighley's amalgamation into the Bradford Area Health Authority and it may be of value to review the work of the past 16 years, since I took office. In the first three years the normal method of school medical inspections consisted of four routine medical inspections at intervals with subsequent follow-up of children with defects. However, during the year 1960, the selective scheme of medical examination of children was introduced. This involved the discontinuation of the two intermediate routine medical inspections and the introduction of a comprehensive questionnaire, an increased number of tests of visual acuity and hearing and more frequent visits to the schools by the school nurses and school medical officers. The 5 and 15 year old medical inspections remained, primarily as a test of the efficacy of the School Health Service in finding physical and mental defects among the children.

In the beginning the response of the parents to attend a special examination of their children who had been picked up from the questionnaire by the school medical officers was poor. During that year it was also noted that a large proportion of the health visitors' time was spent in carrying out various duties such as weighing and measuring of school children, assisting at routine medical inspections and re-inspections, cleansing of verminous heads etc. which it was thought could be done with equal efficiency by not so highly qualified nursing staff. The fully qualified health visitors could then concentrate their attention where they would be most useful, which was in advising parents on the health and welfare of their children and co-operating with the teaching staff in instruction on the various aspects of child care, personal hygiene and elementary human biology.

In 1961 there was an increase in the attendance of parents at the special examination provided for their children. Again the main complaints from parents were largely confined to infections of the upper respiratory tract and bed-wetting. Few of the former proved to be significant.

During 1962 more than 50 per cent. of the school population were seen by the School Medical Officers and a considerable number of children were examined more than once during this period. It was felt that these figures went far towards disposing of objections to the dropping of routine inspections on the



grounds that many children would fail to be examined by the school medical officer. It was also observed at this time that along with the diminishing amount of physical illness, went an inordinate increase in the number of behaviour or psychiatric disorders. It was felt that by releasing the school medical officers from routine medical inspections, which in the main reveal minor abnormal physical conditions and allowing them to concentrate more on behaviour problems, we are more properly utilizing their special qualifications.

In 1963, 99 per cent. of the questionnaires to the selected eight year old group were returned. None was mutilated or undecipherable. As a result of the examination of the completed questionnaires, 74 children were invited to attend for examination along with their parents and in 54 instances either one or other parent attended.

In 1963 we established our own Child Guidance Clinic under the direction of a psychiatrist. However, the following year, 1964, saw the departure of the psychiatrist and the clinic was continued under the direction of Dr. Gledhill, the Deputy Medical Officer of Health and Senior Departmental Medical Officer, who has since continued up to the present without the assistance of consultant advice, except occasionally from a nearby mental hospital. This unusual child guidance clinic has been of considerable value to the parents and children who have attended there. The introduction of the child guidance clinic directly into the School Health Service has served to simplify in many ways our approach to school health problems. The increased liaison between the family doctor and the school clinic resulting from health visitor attachment has also improved co-operation. In later years the service was improved by the addition of a psychiatric social worker and two psychologists.

During the year 1967 we extended the selective scheme of medical examination of pupils which had been in operation during the past six years. The school leaving examination was now replaced by an interview by a school medical officer after questionnaires had been distributed to parents for completion and return. These were scrutinized together with all the available medical records. At the interviews, which were held in the schools, pupils were selected for a full medical examination to be carried out at the school clinic by appointment.

During 1967 it was discovered that only five of the 780 pupils who were interviewed were considered to require a medical examination. Apart from the saving of medical staff time in these days of shortage of doctors, there was also an important indication that the selective scheme of medical examination in the intermediate age group was bearing fruit. The implication being that all pupils who had severe handicap which may affect their ability to learn or their ability to work in ordinary occupations after leaving school were discovered soon enough for the teacher and later the area careers officer to have full knowledge of their difficulty.

By 1968 routine tests for visual acuity during school life was carried out in four age groups, 6-7, 10-11, 12-13, and 14-15. Special audiometry sweeps were



also carried out and many pupils with slight hearing loss were discovered by this means.

Some years earlier we had started two consulting clinics weekly at the school clinic in which children could be referred either by the school teacher or the family doctor and it was also accessible to the parents directly without appointment. In this way it was thought that early diagnosis and efficient treatment, especially treatment requiring an experienced nurse, enabled children to return to school much quicker.

In 1970 a joint assessment clinic was started at Airedale General Hospital and was, we believe, a pointer to the way paediatric work of the future would develop. Now there are joint consultations between all the professional staff who are concerned with a child's health and future. In this way also any possibility of overlap or miscarriage of information is eradicated.

Since the increase in size of the child guidance team it has been possible for the psychologists to carry out much assessment of children's performance in the schools and it was also hoped to extend this approach.

One constant recurring note throughout the reports has been the complaint that our efforts towards health education among the school children have not been very successful. While it is difficult to be dogmatic about the reasons for this, there is little doubt that until health education becomes a fully acknowledged part of the school curriculum, the health visitors will be dependent on the goodwill and interest of the head teachers concerned. While we know that the school programme is over-burdened, there is little doubt that it must be of value to all children to receive basic instruction in general hygiene and health problems including smoking and drugs etc. This we feel we have to some extent failed to do.

This quick review of our past work will, we hope, serve to remind all that the school health service has been a constantly developing service with the ability to accept new thought when it has been proved to have been of value or to experiment in order to determine whether a new line of attack would be advantageous. At the present time the school health service is a most efficient finding service for both physically and mentally handicapped children. With the introduction of developmental assessment carried out by the health visitors the borderline at five years old has disappeared and all children who have failed to satisfy the health visitors are referred to the departmental medical officers for their further and more detailed examination. In this way many child defects are found long before the time of school entry and often have been dealt with satisfactorily.

During the past year the joint assessment clinic has expanded its activity. The clinics had formerly been held at the hospital but arrangements have been made for some of them to be held at the school clinic where the school health and child guidance staff will be able to participate more fully. The child guidance clinic forms an integral part of the school health service and by means

of the joint assessment clinic regular case conferences with representatives of the education and social services departments and the health visitor attachment scheme to the general practitioners, close liaison has been established between the medical, education and social services personnel involved in the care of children.

As this will be my concluding report I would like to express my sincere appreciation to all those who have contributed in any way whatsoever in providing this service.

**The Medical Inspection of School Children:**

The number of pupils on the registers at the end of the year is shown below together with the figures for the previous year:

	1973	1972
Nursery ... ..	281	87
Primary ... ..	5,800	5,989
Middle Schools ... ..	2,130	2,073
Voluntary Secondary ... ..	768	610
Upper Schools ... ..	1,690	1,351
Special Schools ... ..	165	160



TABLE 1

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

*A. Periodic Medical Inspections*

Age groups inspected (by year of birth), number of pupils who received a full medical examination together with classification of the physical condition of the pupils inspected, the number of pupils found not to warrant a medical examination in connection with the selective medical examinations and the number of pupils found to require treatment (excluding dental diseases and infestation with vermin).

Age groups inspected (by year of birth)	Number of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Number of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1969 and later	66	66	—	—	6	33	37
1968	340	340	—	—	7	58	64
1967	152	152	—	—	—	9	9
1966	1	1	—	—	—	—	—
1965	137	137	—	351	4	34	36
1964	50	50	—	102	1	11	12
1963	—	—	—	—	—	—	—
1962	—	—	—	—	—	—	—
1961	—	—	—	—	—	—	—
1960	—	—	—	—	—	—	—
1959	—	—	—	—	—	—	—
1958 and earlier	—	—	—	744	—	—	—
TOTAL	746	746	—	1,197	18	145	158

Column (3) total as a percentage of Column (2) total ... 100.00%

Column (4) total as a percentage of Column (2) total ... 0.00%

### *B. Other Inspections*

Number of Special Inspections	...	1,411
Number of Re-Inspections	...	499
		<hr/>
Total	...	1,910
		<hr/>

#### Comparative Table of Inspections carried out

Year	Periodic	Special	Re-Inspections
1973	746	1,411	499
1972	1,214	1,567	720
1971	1,301	1,663	1,023
1970	1,255	1,691	747
1969	1,293	1,911	930
1968	1,313	1,963	1,074

#### SELECTIVE SCHEME:

The selective scheme of medical examination of pupils in the intermediate age groups was continued as described in previous reports. Details of the defects found are shown in Table III.

The selective scheme of medical examination of pupils during their last year of compulsory school attendance was continued during the year following the instigation of this procedure in 1967. Questionnaires were distributed to parents for completion and return. These were then scrutinised together with all the available medical records. At the medical interviews, which were afterwards held in the schools, pupils were selected for a full medical examination, to be carried out at the school clinic by appointment. A total number of 744 pupils were interviewed in accordance with the provisions of this scheme; in no case, however, was it found necessary to invite a pupil to attend the school clinic for a fuller medical examination.

#### CONSULTING SESSIONS:

Consulting sessions are held at the school clinic on Monday and Thursday mornings of each week. Appointments are given to parents, following school medical inspections, to bring their children to the school clinic for consultation and investigation if this is requested by the parents or advised by the senior departmental medical officer who has carried out the medical inspections in school. Similarly, pupils are referred to these sessions by teachers and education welfare officers. The poor school attender is frequently referred for the problem to be assessed and for decisions to be made regarding treatment, the need for special educational placement or for reassurance that a child is fit to attend school regularly. Pupils also attend for advice concerning ear, nose and throat, chest, orthopaedic and skin conditions. Parents who are concerned about their



child's general health, behaviour difficulties or disorders such as nocturnal enuresis frequently seek advice about such matters.

If further investigation is considered to be necessary referral is made as appropriate either to the family practitioner, to a specialist, or to the child guidance clinic.

This consulting service is also available to pre-school children.

TABLE II  
INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	...	...	...	15,373
(b)	Total number of individual pupils found to be infected	...	...	...	504
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	—

**TABLE III**  
**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS**  
**DURING THE YEAR**

**NOTE.**  
 All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special inspections are included in this table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		ENTRANTS		LEAVERS		OTHERS		TOTAL			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin ... ..	1	1	—	—	1	—	2	1	111	1
5	Eyes— <i>a.</i> Vision ...	13	2	—	—	5	—	18	2	35	1
	<i>b.</i> Squint ...	22	2	—	—	—	—	22	2	15	1
	<i>c.</i> Other ...	3	—	—	—	—	—	3	—	12	2
6	Ears— <i>a.</i> Hearing ...	27	6	—	—	12	16	39	22	130	76
	<i>b.</i> Otitis Media	1	—	—	—	—	—	1	—	26	1
	<i>c.</i> Other ...	7	—	—	—	—	—	7	—	29	—
7	Nose and Throat ...	9	14	—	—	—	2	9	16	32	5
8	Speech ... ..	30	6	—	—	6	3	36	9	72	13
9	Lymphatic Glands ...	—	—	—	—	—	—	—	—	—	—
10	Heart... ..	—	—	—	—	—	—	—	4	4	14
11	Lungs ... ..	3	3	—	—	3	4	6	7	45	13
12	Developmental—										
	<i>a.</i> Hernia ...	1	—	—	—	—	—	1	—	—	1
	<i>b.</i> Other ...	—	—	—	—	—	—	—	—	3	5
13	Orthopaedic—										
	<i>a.</i> Posture ...	—	—	—	—	—	—	—	—	1	—
	<i>b.</i> Feet ...	1	—	—	—	—	—	1	—	29	2
	<i>c.</i> Other ...	3	—	—	—	1	1	4	1	16	7
14	Nervous System—										
	<i>a.</i> Epilepsy ...	4	2	—	—	—	1	4	3	28	5
	<i>b.</i> Other ...	—	4	—	—	—	1	—	5	11	13
15	Psychological—										
	<i>a.</i> Development	6	10	—	—	18	19	24	29	235	149
	<i>b.</i> Stability ...	6	10	—	—	16	20	22	30	240	146
16	Abdomen ... ..	—	—	—	—	—	—	—	—	6	3
17	Other... ..	2	—	—	—	2	1	4	1	18	4
18	Totals ... ..	139	60	—	—	64	68	203	128	1,098	461

T = Pupils found to require treatment

O = Pupils found to require observation



TABLE IV  
TREATMENT OF PUPILS

Notes.

The figures given under this heading include:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board;
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Figures under this section are incomplete as one has to rely on hospital discharge notifications and other agencies.

A. *Eye Diseases. Defective Vision and Squint:*

	Number of cases known to have been dealt with	
	1972	1973
External and other, excluding errors of refraction and squint ...	25	22
Errors of refraction (including squint) ... ..	265	199
Total ... ..	290	221
Number of pupils for whom spectacles were prescribed ... ..	163	129

SCREENING TESTS OF VISION:

A vision screening test was carried out as part of the medical inspection of school entrants and routine tests of visual acuity were repeated in the 6-7, 10-11, 12-13 and 14-15 year age groups. A colour vision test was also undertaken in the 10-11 year age group and repeated if necessary in the older age groups. These tests are carried out by the assistant health visitors/school nurses using the Keystone vision screening apparatus which is found to be particularly successful with school entrants.

B. Diseases and Defects of Ear, Nose and Throat:

	Number of cases known to have been dealt with	
	1972	1973
Received operative treatment:		
(a) for diseases of the ear ... ..	6	3
(b) for adenoids and chronic tonsillitis ... ..	16	13
(c) for other nose and throat conditions ... ..	—	—
Received other forms of treatment ... ..	109	116
Total ... ..	131	132
Total number of pupils still on the register of schools at 30th September, 1973, known to have been provided with hearing aids:		
(a) during the period 1st January—30th September, 1973 ...	2	
(b) in previous years ... ..	9	

SCREENING TESTS OF HEARING:

The routine audiometric testing of the 6-7 year old pupils was carried out by the assistant health visitors/school nurses during the year, together with the examination of pupils in the 'at risk' categories.

Following the audiometric sweep test of pupils in school a weekly clinic is held at the school clinic where pupils who fail the test are seen by appointment for the purpose of obtaining an audiogram and medical history. A further weekly clinic is held when a senior departmental medical officer is available to conduct an aural examination and select cases for referral to the consultant otologist. The family practitioners are informed in the usual way or cases are referred to them in the instances where this is desired. There is good communication between the senior departmental medical officers, family practitioners and consultant otologist.

Referral to the child guidance clinic is easily effected so that advice re educational requirements or emotional problems associated with hearing loss is readily available.

Pupils who are suffering from a bilateral hearing loss of 30 decibels or more and who are in attendance at the ordinary school are examined by the psychologist to assess their educational progress and need for special educational help.



## Pupils Tested by Pure-Tone Audiometry

		No	Referral for	Already
		Number appreciable	investi-	attending
		Tested	hearing loss	gation
				Otologist
'At risk' categories				
(i) deafness in the family	...	3	2	1
(ii) prenatal causes:				
maternal rubella	...	—	—	—
other conditions	...	—	—	—
(iii) perinatal causes <i>e.g.</i> toxæmia, anoxia, kernicterus, rhesus incompatibility, prematurity, etc.		—	—	—
(iv) postnatal:				
congenital defects	...	—	—	—
cerebral palsy	...	—	—	—
middle ear disease	...	30	12	13
meningitis or encephalitis		—	—	—
speech retardation or defect		10	6	4
educational retardation	...	3	2	1
Routine test on children in 6/7 year age group	... ..	1,175	1,167	5
Referred for possible hearing loss...		103	84	17
Total		1,324	1,273	41
				10

### C. Orthopædic and Postural Defects:

			Number of cases known to have been dealt with	
			1972	1973
(a)	Pupils treated at clinics or out-patient departments	...	105	71
(b)	Pupils treated at school for postural defects	...	—	—
	Total	...	105	71

### JOINT ASSESSMENT CLINIC:

Following the opening of Airedale General Hospital in 1970, a joint assessment clinic has been held bi-monthly at the hospital with the senior departmental medical officers, physiotherapists, speech therapists, Dr. Morgan, consultant pædiatrician and Mr. Cape and Mr. Kilburn, consultant orthopædic surgeons. This clinic enables all persons concerned with the care and treatment of physically handicapped pupils to exchange opinions on the individual cases and continues to be advantageous to the patients and professional staff.

D. Diseases of the Skin (excluding uncleanness for which see Table II):

									Number of cases known to have been treated	
									1972	1973
Ringworm—(a) Scalp	...	...	...	...	...	...	...	...	—	—
(b) Body	...	...	...	...	...	...	...	...	—	—
Scabies ...	...	...	...	...	...	...	...	...	103	40
Impetigo	...	...	...	...	...	...	...	...	52	15
Other skin diseases	...	...	...	...	...	...	...	...	43	22
Total ...									198	77

E. Child Guidance Treatment:

						Number of cases known to have been treated	
						1972	1973
Pupils treated at Child Guidance Clinics	...	...	...	...	...	196	190

Location of clinic: School Clinic,  
147 Skipton Road,  
Keighley.

Number of sessions held during the year	...	...	...	...	...	136		
						Boys	Girls	Total
Number of new cases seen	...	...	...	...	...	38	29	67
Total number of cases discharged or admitted for residential treatment	...	...	...	...	...	36	27	63
Number of cases carried forward	...	...	...	...	...	87	40	127

The staff of the child guidance clinic during the year 1973 remained the same as that at the end of 1972. The same senior departmental medical officer remained the physician in charge: eight sessions a week were contributed by two part-time psychologists and a psychiatric social worker gave a full-time service.

Children attending the clinic included pre-school and physically and mentally handicapped children. As formerly, a large number of other children suffering from nervous disorders, behaviour disorders and learning difficulties were found to be in need of special educational help. The provision of remedial teaching and a remedial centre for the more severe cases is emphasised once again as an urgent need in the prevention of mental ill-health.

The counselling of parents at the clinic and in their homes has continued and the visits to schools made by the members of the clinic team maintained valuable contacts with head teachers and teaching staff.



Further valuable liaison has been established during the past year with other agencies. Regular case conferences have been held between the senior education welfare officer, a senior social worker of the social services department and the physician and psychiatric social worker of the child guidance clinic. In this way, it has been possible to solve more speedily the problems concerning individual children who have been the subject of responsibility common to the different departments concerned.

Similarly, by means of the joint assessment clinic, the child guidance clinic has made close professional liaison with the hospital consultant paediatrician and orthopaedic surgeons. These clinics have been held at the hospital but arrangements have now been made for some of them to be held at the school clinic. At these clinics children suffering from minor physical defects associated with behaviour and learning problems will be seen and it will be possible for the psychiatric social worker and psychologists to co-operate more closely with the hospital medical staff.

In this way, it may be seen that not only does the child guidance clinic form an integral part of the School Health Service in Keighley, but has strong links with the education and social services departments and with the hospital service. The general practitioners have already been in close co-operation with the clinic for some considerable time.

During the year the psychologists have continued to carry out the psychological examination of children referred for ascertainment as well as those attending the child guidance clinic. In addition they have also carried out an intensive programme of all children in the Borough who were in attendance in the top classes of the Infants' schools, in accordance with the scheme organised by the County Health and Education Departments. The full results of this screening programme are not yet available but a summary of the results of the exercise as it affects the children in the Borough of Keighley is given below by the psychologists.

The screening of children of top infant age for educational and related handicaps was conducted throughout the County in 1973. Initial selection was achieved through the medium of a questionnaire dealing with behaviour and educational attainment which was completed on each child by his or her teacher. Children who were reported by their teachers to be backward or to have learning difficulties and those showing signs of poor adjustment in school were referred for further assessment by the psychologist. The 'unsettled' children were referred to the school medical officers for further investigation. All further educational assessments were conducted in the school. As a result of these investigations for educational handicap, children were placed in one of four categories; namely, recommended for individual teaching, remedial help, follow-up or no further action. In Keighley the results of the assessment stage for children with learning difficulties were as follows:



			Number	Percentage
(1)	<i>Individual Testing...</i>	...	30	3.2
(2)	<i>Remedial Help</i>	...	33	3.5
(3)	<i>Follow-Up...</i>	...	18	1.9
(4)	<i>No Further Action</i>	...	32	3.4

The percentage in the above table are percentages of the total number of children screened.

### SPECIAL EDUCATION IN THE ORDINARY SCHOOL:

Number of new cases examined by a senior departmental medical officer or psychologist during 1973 and considered as being in need of special education	...	...	...	...	...	...	...	...	23
Number of cases examined and considered to be in need of special education in previous years and still in attendance at school	...	...	...	...	...	...	...	...	149
Total number of children who have been examined and are considered to be in need of special education in the ordinary school	...	...	...	...	...	...	...	...	172

### F. Speech Therapy:

	Number of cases known to have been treated	
	1972	1973
	Pupils treated by speech therapists	...
	308	170

The following shows details of the work undertaken by the speech therapists:

1.	Number of half-day sessions held during the year	...	...	...	124
2.	(a) Number of children seen for the first time during the year	...	...	...	38
	(b) Number of children attending for treatment from previous year	...	...	...	132
	Total number of children treated	...	...	...	170
3.	Number of children awaiting treatment at end of year	...	...	...	38
	(a) Interviewed and placed on waiting list	...	...	...	—
	(b) Not seen	...	...	...	38
4.	Children discharged during the year:			Boys	Girls
	Total	...	...	45	21
	Analysis:				
	Speech normal	...	...	7	—
	Speech improved	...	...	23	9
	Unsuitable for treatment	...	...	2	2
	Non co-operation	...	...	11	7
	Admitted to special schools	...	...	—	—
	Left school	...	...	—	—
	Left district	...	...	—	2
	Other reasons...	...	...	2	1



5.	Number of visits made to schools	...	...	...	...	8	
6.	Number of home visits	...	...	...	...	1	
<i>Analysis of children treated</i>							
						<i>Boys</i>	<i>Girls</i>
1.	Stammerers (Dysrhythmia)	...	...	...	...	9	1
2.	Defects of articulation due to:						
	(a) Cleft palate	...	...	...	...	5	—
	(b) Cerebral palsy	...	...	...	...	1	2
	(c) Other structural malformations	...	...	...	...	—	—
	(d) Other causes e.g. neurological	...	...	...	...	—	—
	(e) No specific cause found	...	...	...	...	72	25
3.	Disorders of language due to:						
	(a) Retarded language development (non-specific)	...	...	...	...	21	6
	(b) Retardation with associated subnormality	...	...	...	...	13	11
	(c) Retardation associated with deafness	...	...	...	...	2	1
	(d) Dysphasia	...	...	...	...	—	—
	(e) Aphasia	...	...	...	...	—	—
	(f) Other reasons	...	...	...	...	—	—
4.	Dysphonia	...	...	...	...	—	1
5.	Other defects	...	...	...	...	—	—

G. Other Treatment Given:

						Number of cases known to have been treated	
						1972	1973
(a)	Pupils with minor ailments	...	...	...	...	632	520
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	—	—
(c)	Pupils who received B.C.G. vaccination	...	...	...	...	578	325
(d)	Other than (a), (b) and (c) above—Ultra Violet Light	...	...	...	...	9	4
Total						1,219	849

Protection of School Children against Tuberculosis:

TUBERCULIN TESTING OF SCHOOL ENTRANTS:

The tuberculin testing of school entrants was introduced in order that in the case of a positive result it would lead to a search for a source of infection and at the same time secure the placing of the pupil under medical supervision in order to avoid the risks which follow primary infection.

The following shows details of the work undertaken under the provisions of this scheme:

Number invited	...	...	...	...	...	921
Refused	...	...	...	...	...	58
Absent	...	...	...	...	...	114
Previously examined	...	...	...	...	...	9
Negative	...	...	...	...	...	729
Positive	...	...	...	...	...	11

Of the 11 cases found to be positive, 10 had previously been vaccinated with B.C.G. and the remaining child was referred to the consultant chest physician for further investigation and/or observation; this child was also found to have had B.C.G. vaccination.

### B.C.G. VACCINATION OF OLDER SCHOOL CHILDREN:

The scheme for vaccination against tuberculosis of older school children was continued during the year, details of which are set out below:

Number of medical officers approved to undertake B.C.G.						
Vaccination	...	...	...	...	...	3
Number of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously						
	...	...	...	...	...	420
Number found to have been vaccinated previously	...	...	...	...	...	46
Number of acceptances	...	...	...	...	...	313
Percentage of acceptances	...	...	...	...	...	83.69
Pre-vaccination Tuberculin Test—						
Number of children tested	...	...	...	...	...	313
Result of Heaf Test:						
(i) Positive, 17, (ii) Negative, 296, (iii) Not ascertained,—						
Percentage positive	...	...	...	...	...	5.43
Vaccination—						
Number vaccinated	...	...	...	...	...	296

In addition to the above 120 immigrant children were offered tuberculin testing and vaccination if necessary as part of a full medical examination which was undertaken prior to their admission to school. Subsequently 99 of these children were tested and 79 vaccinated.

### Ultra Violet Light:

Altogether four pupils received ultra violet light treatment under the supervision of the physiotherapist.

Patients are normally referred by their family practitioners.



Care of the Handicapped Child:

Details of the number of handicapped pupils are given in the following table:

TABLE V

	New Ascertainments	Re- Ascertainments	New placings in Special Schools	Total No. attending Special Schools		Number awaiting placement in Special Schools	Number receiving home tuition
				Day	Boarding		
Blind ... ..	—	—	—	—	1	—	—
Partially Sighted ... ..	—	—	2	—	—	1	—
Deaf ... ..	—	—	1	4	3	—	—
Partially Deaf ... ..	1	—	1	3	1	—	—
Educationally Subnormal ... ..	20	9	23	134	2	12	—
Epileptic ... ..	—	—	—	—	—	—	—
Maladjusted ... ..	—	—	—	—	5	—	—
Physically Handicapped ... ..	1	—	2	14	2	—	—
Suffering from Speech Defect ... ..	—	—	—	—	—	—	—
Delicate ... ..	3	—	—	1	2	3	—
Total ... ..	25	9	29	156	16	16	—

Dental Inspection and Treatment:

Mr. Midgley, Area Dental Officer, reports:

It has not been possible to examine all children attending maintained schools in the Borough in the past year and until the staffing situation is restored it would appear that this will not be possible in the future.

Topical application of fluoride solution has been conducted on a small scale for those children considered to be especially prone to dental caries. It is too early yet to assess definite results, but beneficial signs have been noted.

Orthodontic cases requiring the services of a consultant are being transferred to Airedale General Hospital in anticipation of reorganisation after 1st April, 1974.

TABLE VI

*Attendances and Treatment*

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit ... ..	273	697	151	1,121
Subsequent visits ... ..	134	1,323	245	1,702
Total visits ... ..	407	2,020	396	2,823
Additional courses of treatment commenced	13	34	8	55
Fillings in permanent teeth... ..	132	1,512	334	1,978
Fillings in deciduous teeth ... ..	76	1	—	77
Permanent teeth filled ... ..	122	1,489	331	1,942
Deciduous teeth filled ... ..	76	1	—	77
Permanent teeth extracted ... ..	47	415	81	543
Deciduous teeth extracted ... ..	587	384	—	971
General anæsthetics... ..	218	309	44	571
Emergencies ... ..	139	87	3	229
Number of pupils X-rayed ... ..				93
Prophylaxis ... ..				50
Teeth otherwise conserved ... ..				2,459
Number of teeth root filled ... ..				23
Inlays ... ..				3
Crowns ... ..				23
Courses of treatment completed... ..				927

*Orthodontics*

New cases commenced during year ...	28
Cases completed during year ... ..	38
Cases discontinued during year ... ..	3
Number of removable appliances fitted...	51
Number of fixed appliances fitted ...	—
Pupils referred to Hospital Consultant ...	3



Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)...	—	—	—	—
Pupils supplied with other dentures (first time)...	1	2	3	6
Number of dentures supplied ... ..	1	6	10	17

Anæsthetics	General Anæsthetics administered by Dental Officers...	...	...	8
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Inspections

(a)	First inspection at school.	Number of pupils	...	...	...	...	...	2,054
(b)	First inspection at clinic.	Number of pupils	...	...	...	...	...	745
	Number of (a) + (b) found to require treatment		...	...	...	...	...	1,496
	Number of (a) + (b) offered treatment	...	...	...	...	...	...	1,405
(c)	Pupils re-inspected at school or clinic	...	...	...	...	...	...	160
	Number of (c) found to require treatment	...	...	...	...	..	...	112

Sessions

Sessions devoted to treatment	...	...	...	296*
Sessions devoted to inspection	...	...	...	10
Sessions devoted to Dental Health Education	...	...	...	—

\* Includes 1 anaesthetic session

WEST RIDING COUNTY HEALTH DEPARTMENT STAFF  
BIBLIOGRAPHY 1970/73

*H. W. S. Francis, Deputy County Medical Officer and  
T. R. Schofield, Principal Administrative Officer*

For the Annual Report for 1970, we prepared and published a bibliography of the County Health Department's publications for the ten years 1960-1969. This bibliography contains the papers and other contributions to the literature from 1970 onwards. Articles accepted for publication or in preparation have been included also, since this is the last issue of this Annual Report.

As previously the material collated here has been selected on two other criteria:

- (a) Work by West Riding staff.
- (b) Published either when on the West Riding Health Department staff or the basic work should relate to the Administrative County.

Items included are from four sources:

- (i) Work published by outside journals.
- (ii) *County Medical Officer's Annual Reports*.
- (iii) *Health Notes* issued quarterly to family doctors until discontinuance in November, 1973. The bulletin was issued with a Divisional Newsletter, the material from which has not been listed here.
- (iv) *Well-being*, a bulletin for teachers and others published jointly with the Education Department once each term; this publication ceased in June, 1973.

We would like to thank our colleagues for their help in preparing this bibliography.

H.W.S.F.  
T.R.S.



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- “Computers and the Health Department.” (Co-author).  
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Francis, H. W. S. (cont.)

"A Handicap/Defects Register Facilitated by Computer." (Co-author).  
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"Driving and Medical Disabilities." (Co-author).  
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Greenwood, D. Chief County Public Health Inspector.

"Brucellosis."  
*Health Notes*, 1971, 4, 11.

"Pollution of the Environment."  
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Hargreaves, Elizabeth M. Divisional Medical Officer.

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*Health Notes*, 1971, 4, 11.

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Harris, Miss N. I. Principal Nursing Officer.

"The Pulse Quickens."  
*Health Notes*, 1970, 3, 22 and 26.

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Harvey, Elizabeth M. Formerly Departmental Medical Officer.

"A Pyramidal Structure for Health Education in Schools."  
*W.R.C.C. Medical Officer's Annual Report*, 1971.

Hepple, N. V. Divisional Medical Officer.

"Anti-Smoking Clinics."  
*Health Notes*, 1972, 4, 19.

Humpleby, Mrs. S. M. Health Visitor.

"Preventive Clinics for the Elderly; Club for the Elderly at Crigglestone."  
*Health Notes*, 1973, 4, 47.

Ireland, G. Divisional Medical Officer.

"Outbreak of Tuberculosis at West Ardsley Training Centre."  
*Health Notes*, 1970, 3, 27.

"Provision of Family Planning Clinics in a Rural District." (Co-author).  
*ibid*, 1973, 4, 47.

Jeremiah D. E. Principal Medical Officer.

"The Development of Swimming Pools at Training Centres as Projects for Voluntary Body Participation."  
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"Community and Hospital Care for the Mentally Disordered." (Co-author).  
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Leyshon, G. E.                      Principal Medical Officer.

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"Developmental Assessments." (Co-author).  
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"Prevention of Disease and Presymptomatic Screening."  
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"Co-operation amongst Ambulance/Hospital/G.P. Services."  
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"Tuberculosis in a Dental Officer."  
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"A Handicap/Defects Register Facilitated by Computer." (Co-author).  
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Lord, L.                              County Ambulance Officer.

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"County Ambulance Service, New Operational Control."  
*ibid*, 1971, 4, 15.

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"The Development of Training within the West Riding County Ambulance Service."  
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- Lowe, Muriel J.                      Divisional Medical Officer.  
 "Anti-Smoking Clinics."  
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 "An Outbreak of Infective Hepatitis in a Subnormality Hospital."  
*ibid*, 1972, 4, 23.
- McDonagh, V. P.                      Divisional Medical Officer and Medical Officer of Health, Keighley M.B.  
 "Organisation and Management: An Attachment Scheme in a Small Community."  
*W.R.C.C. Medical Officer's Annual Report*, 1970.  
 "A Case of Typhoid in Keighley."  
*Health Notes*, 1973, 4, 35.
- Mannix, J. B.                          Psychologist.  
 "Reading and Spelling Retardation Amongst Older Pupils: Keighley, 1970."  
*Well-being*, 1971, 2, 18.  
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- Mee, Mrs. M. D.                      Health Visitor.  
 "Preventive Clinics for the Elderly, Middlestown."  
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- Metcalf, A. S.                          Area Dental Officer.  
 "The 'Hungry Children' Problem."  
*Well-being*, 1971, 2, 5.  
 "The Problems of the Hungry Child."  
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 "The Effect of Fluoridation of the Public Water Supply on the Teeth of Three Year Old Children in the Aireborough Area."  
*Health Notes*, 1973, 4, 34.
- Neden, Miss J.                        Dental Specialist.  
 "The Dental Health of Mongols in Day Special Schools and Training Centres."  
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- Oddy, C. G.                            Divisional Medical Officer.  
 "Presymptomatic Screening for Urinary Infection." (Co-author).  
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- Pickles, D. G.                        Senior Psychologist.  
 "Early Identification of Children in Need of Remedial Help."  
*Well-being*, 1970, 1, 55.  
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 "Children with Educational and Related Difficulties in the Primary Schools." (Co-author).  
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"Health Centres and Clinics Opened since January, 1970."  
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Robertshaw, Denise E.      Principal Medical Officer.

"Maternal Deaths and Perinatal Mortality."  
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"Book Review: Home From Hospital."  
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"Developmental Assessments." (Co-author).  
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"Distribution of Welfare and Other Foods."  
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"Cervical Cytology Recall Scheme."  
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"A Handicap/Defects Register Facilitated by Computer." (Co-author).  
*Health Notes Supplement No. 29*, February, 1973.

"Developmental Screening of Pre-School Children."  
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"Domiciliary Midwifery." (Co-author).  
*ibid*.

"Family Planning Services and the Local Authority."  
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Schofield, T. R.              Principal Administrative Officer.

"West Riding County Health Department Staff Bibliography, 1960/69." (Co-author).  
*W.R.C.C. Medical Officer's Annual Report*, 1970.

Smith, C. Simpson            Principal Medical Officer.

"Helping the Partially Hearing Child." (Co-author).  
*Well-being*, 1970, 1, 48.

"Sex and its Problems—Questions Children Ask."  
*ibid*, 1970, 1, 50.

"School Children, 1966-68."  
*Health Notes*, 1970, 3, 18.

"Remedial Centres," (Co-author).  
*Well-being*, 1970, 1, 55.

"The Future Role of the School Health Service."  
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"The Education of Visually Impaired Children."  
*Health Notes Supplement No. 18*, May, 1970.

"Preventive Aspect of Hearing Loss in Children."  
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"Spina Bifida Cystica."  
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Smith, C. Simpson (cont.)

"Health and Disease in Immigrants."

*Well-being*, 1971, 2, 3.

"Nutrition in Childhood."

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"Dyslexia."

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"Obesity in the Child."

*ibid*.

"The Future of the School Health Service."

*Health Notes*, 1971, 4, 15.

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"Aspects of Nutrition."

*ibid*, 1972, 2, 34.

"Diabetes in Childhood."

*ibid*, 1972, 2, 36.

"Protection of School Children against Tuberculosis."

*ibid*, 1972, 2, 37.

"A School for E.S.N. Pupils in Dubrovnik."

*ibid*, 1972, 2, 38.

"Aspects of Cerebral Palsy (Spasticity)."

*ibid*, 1972, 2, 45.

"The Gifted Child."

*ibid*.

"The Future of the School Health Service."

*ibid*, 1973, 2, 50.

"Physically Handicapped Children in Ordinary Schools."

*ibid*, 1973, 2, 53.

"Education of Severely Subnormal Children."

*ibid*, 1973, 2, 54.

"Survey of School Meals."

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"A Handicap/Defects Register Facilitated by Computer." (Co-author).

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"Testing for What?"

*Well-being*, 1973, 2, 58.

"Plantar Warts (Verrucæ)."

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"Autism."

*ibid*, 1973, 2, 60.

"Children with Educational and Related Difficulties in the Primary Schools." (Co-author).

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"Developmental Pædiatrics."

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Smith, C. Simpson (cont.)

“The Incidence of Spina Bifida Cystica in the West Riding Administrative Area.”  
*W.R.C.C. Medical Officer's Annual Report, 1973.*

Taylor, H. Chief Dental Officer.

"The History of the Orthodontic Service."

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## STAFF OF THE HEALTH DEPARTMENT

as at 30th September, 1973

## MEDICAL STAFF

County Medical Officer and Principal School Medical Officer	Ronald W. Elliott, C.B.E., M.D., M.SC., F.F.C.M., D.P.H.
Deputy County Medical Officer...	H. W. S. Francis, M.A., M.B., B.CHIR., F.F.C.M., D.P.H.
Principal Medical Officer: School Health Service ...	C. S. Smith, M.B., B.S., M.R.C.S., L.R.C.P., F.F.C.M.
Care of Mothers and Young Children and Nursing Services	Denise E. Robertshaw, M.B., CH.B., M.F.C.M., D.P.H., D.C.H.
Liaison Service ...	D. E. Jeremiah, M.B., B.S., M.F.C.M., D.T.M. & H., D.P.H.
Epidemiology ...	G. E. Leyshon, M.B., CH.B., M.F.C.M., D.OBST. R.C.O.G., D.P.H.,
Senior Medical Officer ...	J. A. Cooney, M.B., CH.B., B.A.O., D.T.M. & H.
Venereologist (part-time) ...	W. C. C. McCreery, M.A., M.D., B.CH., B.A.O.
Obstetrician (Joint appointment with Hospital Service) ...	J. C. MacWilliam, L.R.C.P., L.R.C.S., L.R.F.P.S., D.OBST. R.C.O.G.
Senior Medical Officers for the Child Guidance Service	G. W. K. Bridge, M.B., CH.B., D.P.M., M.R.C.PSYCH. Katherine N. Maxwell, M.B., CH.B. R. V. Read, M.R.C.S., L.R.C.P., D.P.M., M.R.C.PSYCH. Hilary Sanderson, B.SC., M.B., CH.B., DIP. ED., D.P.H., D.P.M.

## Divisional Medical Officers—

## Division No. and Name

1 (Skipton) ...	R. Singh M.B., B.S., D.P.H.
3 (Keighley) ...	V. P. McDonagh, M.B., CH.B., D.P.H.
4 (Shipley) ...	V. P. McDonagh, M.B., CH.B., D.P.H.
5 (Horsforth) ...	A. Telford Burn, T.D., M.B., B.S., M.F.C.M., D.P.H.
7 (Harrogate) ...	N. V. Hepple, M.D., B.S., B.HY., D.P.H.
9 (Rothwell/Wetherby)	Elizabeth M. Hargreaves, M.B., B.S., M.F.C.M., D.P.H.
10 (Goole) ...	Muriel J. Lowe, M.B., B.S., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.C.H.
11 (Castleford/ Pontefract) ...	J. F. Fraser, M.B., B.S., M.F.C.M., D.P.H., D.OBST. R.C.O.G.
13 (Morley) ...	G. Ireland, B.SC., M.B., B.CH., M.F.C.M., D.P.H.
15 (Spenborough) ...	W. M. Douglas, M.B., CH.B., M.F.C.M., D.P.H.
18 (Calder Valley) ...	S. H. Brock, M.B., CH.B., M.F.C.M., D.P.H.

## Divisional Medical Officers—continued

20 (Colne Valley)	...	J. P. Stuart, M.B., CH.B., M.F.C.M., D.P.H.
22 (Wortley)	...	F. C. Armstrong, M.B., CH.B., M.F.C.M., D.P.H.
23 (Hemsworth)	...	J. S. Walters, M.C., M.B., CH.B., M.F.C.M., D.P.H.
25 (Barnsley)	...	C. G. Oddy, M.B., CH.B., M.F.C.M., D.P.H.
26 (Wath upon Dearne)		D. J. Cusiter, M.B., CH.B., M.F.C.M., D.P.H., D.T.M. & H.
27 (Doncaster)	...	R. Stalker, M.B., CH.B., M.F.C.M., D.P.H.
29 (Thorne)	...	G. Higgins, B.SC., M.B., CH.B., D.P.H.
31 (Rotherham)	...	D. J. Cusiter, M.B., CH.B., M.F.C.M., D.P.H., D.T.M. & H.

## Departmental Medical Officers and School Medical Officers—

### Division No. and Name

1 (Skipton)	...	*G. H. Cooper, M.B., CH.B. *Helen M. Dean, M.B., CH.B., D.P.H.
3 (Keighley)	...	*J. I. Bennet, M.B., CH.B. *Doreen E. Gledhill, M.B., CH.B., M.F.C.M.
4 (Shipley)	...	*Adaline N. Ambler, M.B., CH.B. Audrey Rodwell, M.B., B.S. Audrey E. Sweeting, B.SC., M.B., CH.B.
5 (Horsforth)	...	*Helen M. Mitchell, M.B., CH.B., M.F.C.M. Agnes A. Crone, M.B., CH.B., D.C.H. Joan M. Murdoch, L.M.S.S.A.
7 (Harrogate)	...	*Isobel B. Alexander, M.B., CH.B., M.F.C.M., D.P.H. *Gertrude M. Polson, B.SC., M.B., CH.B., M.F.C.M., D.OBST.R.C.O.G. Margaret Briggs, M.B., CH.B. A. W. I. Hall, M.B., B.CHIR.
9 (Rothwell/Wetherby)		*J. Briffa Boothman, M.D., D.P.H. *Elizabeth M. Ingles, M.B., CH.B., D.P.H. Bevyl M. Stringer, M.B., B.S., M.R.C.S., L.R.C.P., D.OBST.R.C.O.G. Eileen A. Wain, M.B., CH.B., D.OBST.R.C.O.G.
10 (Goole)	...	*Eileen M. R. Bell-Syer, M.B., B.S. J. N. Lambton, M.B., CH.B., D.P.H.
11 (Castleford/ Pontefract)		K. V. Jackson, M.R.C.S., L.R.C.P.
13 (Morley)	...	*Barbara Briggs, M.B., CH.B., M.F.C.M., D.P.H. Doreen M. M. Anderson, M.B., CH.B., J.P. Irene Morgan, M.B., B.S., L.R.C.S., L.R.C.P. Madeline G. P. Moxon, L.R.C.S.I. & L.M., L.R.C.P.I. & L.M.



## Departmental Medical Officers and School Medical Officers—continued

- 15 (Spenborough) ... \*Freda M. Cox, M.R.C.S., L.R.C.P., D.P.H.  
Emma M. H. Holdsworth, M.B., CH.B.  
Alexandrina McPheat, M.B., CH.B., D.P.H.  
W. McPheat, L.R.C.P. & S., L.R.F.P. & S.  
A. I. Motala, M.B., B.S., D.P.H.
- 18 (Calder Valley) ... \*Marie P. Milligan, B.SC., M.B., CH.B., D.P.H.  
Sarla Chari, M.B., B.S.  
Rosemary J. Eccles, M.B., B.S.  
W. C. McKerr, M.B., CH.B., B.A.O.
- 20 (Colne Valley) ... \*L. Lloyd-Evans, M.B., CH.B.  
G. D. Roworth, M.B., CH.B.
- 22 (Wortley) ... \*C. H. Merry, M.R.C.S., L.R.C.P., M.F.C.M.  
Melba R. McGinty, M.B., CH.B.
- 23 (Hemsworth) ... \*Josephine Hayes, M.B., CH.B.
- 25 (Barnsley) ... \*C. H. Merry, M.R.C.S., L.R.C.P., M.F.C.M.  
C. B. Ball, M.B.E., L.M.S.S.A., J.P.  
Shibani Godbole, M.B., B.S., D.OBST.R.C.O.G.
- 26 (Wath upon Dearne) \*Margaret E. J. Bolsover, M.B., CH.B.  
\*S. K. Pande, M.B., B.S., M.F.C.M., D.P.H.
- 27 (Doncaster) ... \*J. A. Beal, M.R.C.S., L.R.C.P., D.P.H.  
Elizabeth R. M. Harvey, M.A., M.SC., M.B., B.CHIR.  
Kathleen Hoole, M.B., CH.B.
- 29 (Thorne) ... Vacancy
- 31 (Rotherham) ... \*Margaret J. Hallinan, M.R.C.S., L.R.C.P.  
\*S. K. Pande, M.B., B.S., M.F.C.M., D.P.H.  
Mary J. Daly, M.B., B.CH., B.A.O., DIP.L.M.  
Patricia J. Elson, M.B., B.S.

\* Senior Departmental Medical Officers.

136 General Medical Practitioners who act as Child Welfare Centre Medical Officers and are employed on a sessional basis. This is the equivalent of 15·0 whole-time Departmental Medical Officers.

## CHEST PHYSICIANS (Regional Hospital Board Appointments)—

### LEEDS REGION

D. J. Charley, M.D., B.S., M.R.C.P., M.R.C.S.  
G. F. Edwards, M.B.E., M.B., B.S., M.R.C.P., M.R.C.S.  
W. D. Hamilton, M.B., B.CH., B.A.O., D.P.H.  
W. H. Helm, M.R.C.P., M.R.C.S.  
J. W. Jordan, M.D., B.S., M.R.C.P., M.R.C.S.  
M. J. Livera, M.D., B.S., M.R.C.P.  
B. T. Mann, B.SC., M.D., CH.B., D.P.H.  
J. K. Scott, M.B., CH.B., M.R.C.P., D.P.H.  
D. K. Stevenson, M.B., CH.B., M.R.C.P.  
J. Y. Walker, M.B., CH.B., D.P.H.

## SHEFFIELD REGION

D. H. Anderson, V.R.D., M.D., B.CH., B.A.O., D.P.H.  
J. J. Danaher, M.B., B.CH., B.A.O.  
F. C. N. Holden, M.D., B.S., M.R.C.S., M.R.C.P.  
J. D. Stevens, M.D., B.SC., M.R.C.S., M.R.C.P.  
R. H. Townshend, B.SC., M.B., F.R.C.P., M.R.C.S., D.T.M. & H.

Other Medical Specialists in the School Health Service (Regional Hospital Board and University Appointments)—

## OPHTHALMIC

P. L. Bali, D.O.M.S., M.S., D.O.  
S. K. Banerjee, M.B., B.S., D.O.  
M. A. Davies, M.B., B.S., M.R.C.S., L.R.C.P., D.O.  
S. B. Davies, L.R.C.P., L.R.C.S., D.O.  
R. Hawe, M.B., CH.B., B.A.O., D.O.  
W. M. Higginbottom, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.  
M. A. C. Jones, M.B., CH.B., F.R.C.S., D.O.  
B. A. Marshall, M.B., CH.B., D.O.M.S.  
N. L. McNeil, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.  
P. S. Mullhi, M.B., B.S., D.O.M.S., D.O.  
K. K. Prasher, M.B., B.S., D.O.  
T. B. Priestley, M.R.C.S., L.R.C.P., D.O.  
S. Robertson, M.B., CH.B., D.O.M.S.  
E. S. Tan, M.B., CH.B., D.O.M.S.

## ORTHOPAEDIC

J. H. Annan, M.B., CH.B., F.R.C.S.  
K. S. Davies, M.B., CH.B., F.R.C.S., L.R.C.P.  
N. Grewal, O.B.E., F.R.C.S., M.CH.ORTH.  
G. F. Hird, M.B., CH.B., F.R.C.S.  
P. A. I. Macleod, B.SC., M.B., CH.B., F.R.F.P.S., F.R.A.C.S.  
W. H. Maitland-Smith, M.B., CH.B., F.R.C.S., M.CH.ORTH.  
J. K. Oyston, M.B., B.S., F.R.C.S.  
M. A. Pearson, M.B., CH.B., F.R.C.S.  
E. R. Price, M.B., B.S., F.R.C.S., M.R.C.P.

## E.N.T.

P. J. Batchelor, M.B., B.S., F.R.C.S., D.L.O.  
P. H. Beales, F.R.C.S.  
T. B. Hutton, M.A., M.B., B.CHIR., F.R.C.S., L.R.C.P., D.L.O.  
S. B. Mahatme, F.R.C.S.  
K. M. Mayhall, M.A., M.B., B.CHIR., F.R.F.P.S., M.R.C.S., L.R.C.P., D.L.O.  
H. Morus-Jones, M.C., M.B., B.S., F.R.C.S., L.R.C.P., D.L.O.  
J. E. Rees, M.R.C.S., D.L.O.



PAEDIATRICS

P. C. N. Clarke, M.R.C.P., D.C.H.  
C. S. Livingstone, M.R.C.P., D.C.H.  
E. M. O’Neil, M.D., M.R.C.P., D.C.H.  
J. D. Pickup, M.D., CH.B., D.C.H.  
R. J. Pugh, M.B., CH.B., M.R.C.P., M.R.C.S., D.C.H.  
G. Rajan, M.R.C.P.

CARDIAC

W. S. Suffern, M.D., CH.B., M.R.C.P., M.R.C.S.

PSYCHIATRIC

E. Gore, M.D., CH.B., D.OBST. R.C.O.G., D.P.M.  
S. Hoyes, M.R.C.S., L.R.C.P., D.P.M., D.P.H.  
J. D. Orme, M.R.C.S., L.R.C.P., D.P.M.

CHILD GUIDANCE SERVICE

Senior Psychologists	...	...	D. G. Pickles, M.A. H. B. Valentine, M.A.
Psychologists	...	...	G. L. Ackroyd, B.SC. P. W. Atkinson, B.A. Felicity A. Brown, B.A. Annette B. Castle, B.A. D. Clark, B.A. R. T. Ellis, B.A. Phillipa A. Elmhirst Anne Geraghty, B.SC. Janet Gibson, B.SC. Joan Gillibrand, B.A., CERT.ED. Susan M. Goulding, B.SC., DIP. ED. Jane E. Leach, B.A. J. B. Mannix, M.ED. P. A. Phillips, B.SC., CERT.ED. Rosalind I. Pilkington, B.A. E. W. N. Rennie, B.SC. Eileen Rowland, B.A. Eibhlis Scally, B.A., DIP. PSYCHOLOGY Julia C. Scott, B.A. C. G. Shelley, B.A. K. J. Topping, B.A.

15 Psychiatric Social Workers (4 part-time).

SPEECH THERAPY SERVICE

Chief Speech Therapist . . . Gillian M. Gill, L.C.S.T.  
23 Speech Therapists (15 part-time).

## DENTAL SERVICE

Chief Dental Officer and Principal School Dental Officer ...	H. Taylor, L.D.S.
Dental Specialist ... ..	Joyce Neden, B.D.S., D.D.P.H.
Senior Clinical Dental Officers	W. A. Allen, B.D.S., L.D.S. F. H. Sanderson, L.D.S.
Area Dental Officers ... ..	J. R. Clayton, B.CH.D., L.D.S., D.D.P.H. K. R. Cowell, B.CH.D., L.D.S. E. Doherty, B.D.S. P. F. A. Eltome, L.D.S. J. D. Franks, L.D.S. Mary M. Gibson, L.D.S., R.F.P.S. A. W. Glenn, B.CH.D., D.D.P.H. J. M. Laurent, B.D.S., D.D.P.H. Valerie P. Lindsay, L.D.S. E. Lowery, B.D.S., D.D.P.H. C. F. Martin, B.CH.D., L.D.S. M. Merrick, B.CH.D. A. S. Metcalfe, L.D.S. E. S. Midgley, L.D.S. S. Mitchinson, L.D.S. J. Naftalin, L.D.S., R.F.P.S. M. S. Ormesher, B.D.S. H. G. Thorpe, L.D.S. H. M. Yuile, L.D.S., R.F.P.S.
School Dental Officers	Jean G. Barr, L.D.S. D. P. Boyle, B.D.S. J. C. G. Brownlee, B.D.S. Joan M. Davison, L.D.S. W. H. Dyke, L.D.S. Lesley M. M. Fitzharris, B.D.S. D. K. Goodwin, B.D.S. R. F. Grainger, B.CH.D., L.D.S. Hazel M. Hill, B.D.S. F. C. Hodgson, B.D.S. Gillian M. Ingall, B.CH.D. Mary Jeavons, B.D.S. F. Kershaw, L.D.S. Penelope A. King, B.D.S. R. B. Lawrence, L.D.S. M. J. Limb, B.D.S., D.D.P.H. C. M. Morris, L.D.S. M. J. Prendergast, B.D.S. Jessie Rothera, L.D.S. Angela M. Sinnett, B.D.S.



## School Dental Officers (continued)

P. Smith, L.D.S.  
Elsa K. Sveinsson, B.D.S.  
A. G. Tetlow, B.D.S.  
E. Thornton, L.D.S.  
M. H. Valji, B.D.S. (Bombay)  
J. W. Walsh, B.D.S.

6 Dental Auxiliaries

Chief Dental Technician ... K. A. Battersby

8 Technicians

1 Boy Dental Apprentice

61 Dental Surgery Assistants

## NURSING AND MIDWIFERY

Director of Nursing Services ... Marjorie G. Atkinson, D.N., S.R.N., S.C.M.,  
H.V.CERT., D.T. (Queen's)

Principal Nursing Officers ... Irene Endean, S.R.N., H.V.CERT., N.D.N.CERT.  
Naomi I. Harris, S.R.N., S.C.M., H.V.CERT.,  
D.T. (Queen's)

16 Divisional Nursing Officers  
21 Nursing Officers (Health Visitors/School Nurses)  
303 Health Visitors/School Nurses (27 part-time)  
148 Assistant Health Visitors (77 part-time)  
5 Physiotherapists (4 part-time)  
1 Tuberculosis Visitor  
4 Venereal Diseases Social Workers (Qualified Health Visitors)  
19 Nursing Officers (Home Nurses and Home Nurse/Midwives)  
389 Home Nurses and Home Nurse/Midwives (50 part-time)  
9 Nursing Officers (Midwives)  
157 Midwives (12 part-time)

## AMBULANCE SERVICE

County Ambulance Officer ... L. Lord, F.I.A.O., M.R.S.H., A.M.B.I.M.

Deputy County

Ambulance Officer ... J. C. Gledhill, A.I.A.O., D.P.A.

2 Assistant Ambulance Officers

1 Training Officer

Operations Staff:

Headquarters 69

Field 717

## PUBLIC HEALTH INSPECTORS

Chief County Public Health Inspector	...	D. Greenwood, M.A.P.H.I.
County Public Health Inspectors	...	J. D. Clayton, A.R.S.H., M.A.P.H.I. D. Jagger, M.A.P.H.I.
2 Pupil Public Health Inspectors		
2 Technical Assistants		

## HEALTH EDUCATION

Principal Nursing Officer	...	Mary Tattersall, D.N., S.R.N., S.C.M. H.V.CERT., D.T. (Queen's)
2 Health Education Technicians		

## ANALYSTS

County Analyst	...	R. Mallinder, B.SC., F.R.I.C. (part-time)
Deputy County Analyst	...	N. Harrison, M.CHEM.A., A.R.I.C. (part-time)

## ADMINISTRATIVE AND CLERICAL

Chief Administrative Officer	...	J. H. Milne, D.P.A.
Principal Administrative Officers	...	H. Beatson W. J. Battye, L.H.A. E. Brown, L.H.A. J. W. Ibbotson C. J. Kirk, A.M.B.I.M. R. S. Marshall T. Myton, D.P.A. T. R. Schofield, D.P.A., F.H.A.
Senior Administrative Officers	...	G. Brabant H. V. Brook D. Marshall, D.P.A., L.H.A. D. Ramsbottom P. Ward, D.P.A., L.H.A. P. R. Weaver
19 Divisional Administrative Officers		
350 Other Clerical Staff (including part-time)		





